



2010 Reed-Sweatt Family Tennis Center LEVEL 7 Jr. TOURNAMENT

DATE: August 9-12, 2010

EVENTS: Limit 1 singles & 1 doubles per player.
Boys/Girls Singles & Boys/Girls Doubles (with consolation)
12's, 14's, 16's, 18's

ENTRY FEE: \$30.00 for Singles; \$20.00 for Doubles team

ENTRY DEADLINE: Monday, August 2, 2010 (*only paid entries will be accepted*)

INTERNET REGISTRATION: Available at www.northern.usta.com; under the Juniors and Tournaments heading on the left of screen, select Register for Tournaments; and then enter for Tournament ID# 550054710.
ONLINE REGISTRATION FEES: \$33/singles; \$26/doubles team.

OFFICIALS: Roving umpires during tournament

PRIZES: Player gift; Trophies to finalists and consolation winner

FORMAT: Main draw singles matches will be 2 out of 3 tie-break sets, with consolation using the 10-point match tiebreak in lieu of a 3rd set. All doubles matches will be 8-game pro-sets. The draw will be available at 7:00 a.m., Friday, August 6th. Players are responsible for checking match times by calling the tennis center at 612-825-6844. This is a U.S.T.A. sanctioned tournament, so a current U.S.T.A. membership is required prior to registration.

TOURNAMENT DIRECTOR: Mike Vidmar

2010 RSFTC LEVEL 7 Jr. TOURNAMENT ENTRY FORM

Name _____ Birthdate: ___/___/___

Address _____

City _____ State _____ Zip _____

USTA Card # _____ Exp. Date _____ Home Phone _____

Cell Phone _____ Email Address _____

Parent/Guardian _____ Parent/Guardian Work Phone _____

Partner _____ Home Phone _____

Birthdate: ___/___/___ USTA CARD # _____ Exp. Date _____

AGE ELIGIBILITY RULE:

Players can play in age division until their **month of birth**. *For example:* A player turning 15 in October may play in the 14 and under age division up to and through September 30. Starting October 1, this player must play in the 16 and under age division.

CHECK EVENT(S):

BOY'S SINGLES: 12 ___ 14 ___ 16 ___ 18 ___ GIRL'S SINGLES: 12 ___ 14 ___ 16 ___ 18 ___

BOY'S DOUBLES: 12 ___ 14 ___ 16 ___ 18 ___ GIRL'S DOUBLES: 12 ___ 14 ___ 16 ___ 18 ___

Visa/Mastercard Credit Card # _____ Exp. Date _____ Ver. # _____

<u>T-shirt Size</u>			
<u>You</u>			
S	M	L	XL
<u>Partner</u>			
S	M	L	XL

FOR OFFICE USE ONLY: Total Amount Paid \$ _____ Date Paid _____ Received By _____

Paid by what method: CASH _____ CHECK _____ Credit Card _____

IF CUSTOMER NOT PRESENT, PLEASE ATTACH CREDIT CARD RECEIPT TO THIS FORM