

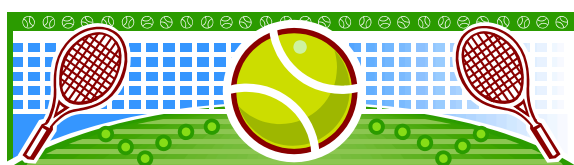
extreme tennis

SCHOOL HOLIDAYS JUNIOR SINGLES TOURNAMENT

Get a jump start into the upcoming Winter Season of Junior Competition by competing in our round robin singles tournament. Experience official tournament conditions at a venue close to home.

FORMAT: Players will be graded into one of five grades (A, B, C, D & E). They will play a minimum of 5 matches against each player in their respective grade.

DATE: **THURSDAY 4th JULY 2019**
(Friday 5th July - spare day if wet)



TIME: 9:00am sharp – 5:00pm
(Presentation at end of day's play approx. 5:00pm)

COST: Singles event - \$45 p/player (GST INCL.)

VENUE/S:
(as required) GUY TURNER RESERVE TENNIS CLUB- Lilac St, Bayswater
KNOX CITY TENNIS CLUB - Neville St, Wantirna

HOW TO ENTER:

- Fill in the entry form obtainable from your Coach. Return it to any of the Extreme Tennis Coaching Staff as soon as possible to guarantee your entry.
- Go to our website and download an entry form, fill in the entry form– www.extremetennis.com.au Entry forms can be scanned and emailed to the address below.
- Click on link to enter electronically <https://forms.gle/oJjtMdC4omSoRSNt6>

COST INCLUDES:

- Morning & Afternoon Tea Snack.
- B.B.Q Lunch and drinks provided
- Minimum 5 matches (6 game set, tie breaker 5 all).
- Trophies awarded to tournament winners & runners up.
- Special sportsmanship award/s – sponsored by THE GROOVE TRAIN
- Saturation of quality match play - round robin format.
- Fantastic social environment all day.

*For further details, bookings or enquiries please contact
Stuart or Diana Sutterby 0412 106 416 (S) / 0403 525 111 (D)*

contactus@extremetennis.com.au

www.extremetennis.com.au

SCHOOL HOLIDAYS JUNIOR SINGLES TOURNAMENT

ENTRY FORM

Name: _____

Date of Birth: _____

Phone Number: _____

Parent's Contact
Ph. No. on day of Competition: _____

Competition Section Played: _____

Coach's Name: _____

I wish to enter: Singles event @ \$45 p/player
(Thursday 4th July 2019)

TOTAL ENCLOSED: \$ _____

CONSENT TO MEDICAL ATTENTION:

Where the coach in charge of the event is unable to contact me or it is otherwise impracticable to contact me, I authorise the coach-in-charge to:

- consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner
- administer such first aid as the coach in charge may judge to be reasonably necessary

MEDICAL CONDITIONS: _____


PHOTOS: We may take photographs of the children at our tennis club. We may use these images in our club literature or in other printed publications that we produce, as well as on our website. We may also make video recordings for coaching and promotional use. A child is defined as being under the age of 18 years when this form is completed. If we may **NOT** use your child's photograph in literature, photographs and other printed publications that we produce for promotional purposes and/or your child's image on our website and our social media channels please tick box indicate to OPT OUT!

SIGNATURE OF PARENT: _____

**** PAYMENT MUST BE ENCLOSED WITH ENTRY FORM ****

Cash Chq EFT **BSB 013 479 A/C 3476 27494 (Ref Surname & Tourn)**

Please make cheques payable to:

 64 Heritage Way, Lysterfield 3156 A.B.N. 32 917 471 098
ENTRIES CLOSE – Tuesday 2nd July 2019 (Unless tournament fills prior)
Proudly sponsored by:





