



# PICKLEBALL TOURNAMENT

FUNDRAISER EVENT

April 27-28, 2012

ENDICOTT, NY

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female

AGE:  OPEN TO 59 YRS  60 YRS AND UP

Doubles Women

Doubles Men

Mixed Doubles

Partner's Name: \_\_\_\_\_

Partner's Date of Birth: \_\_\_\_\_

**8:00 AM - REGISTRATION & WARMUP 9 AM - PLAY BEGINS**

Entry Fee: 1 Event \$25 - 2 or more Events \$30

Mail Check (No later than April 17, 2012) Payable to:

Boys & Girls Club of Western Broome

One Clubhouse Rd, Endicott, NY 13760

*All tournament concessions and proceeds to benefit  
 the Boys & Girls Club of Western Broome Family Center*

**FORMAT OF PLAY**

Events will be played in accordance with current USAPA rules & regulations. Only USAPA approved equipment will be allowed.

Daily check-in 30 minutes before play begins. Round Robin. There are 3 courts.

Games to 11 points, win by 1. Medals will be given for 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> place. No refunds unless an event is cancelled and not rescheduled.

**NOTE:**

The tournament committee reserves the right to combine age levels based on the number of entries. Format may be changed at the sole discretion of the tournament committee.

**DIRECTIONS**

Coming from Northeast: 88 West to 81 South then to 17 West. Take Endicott exit, turn onto Main Street ramp, Left on Washington Ave by Union Endicott High School. Down the hill next to high school football field.

**-For more information contact Jorge Chavez at [jdchavez@stny.rr.com](mailto:jdchavez@stny.rr.com)-**

Waiver: In consideration of your accepting this entry, I the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I might have against the Boys & Girls Club of Western Broome, and any officials or promoters of this event and assign for all injuries suffered by me in said event. I attest and verify that I am physically fit and have sufficiently trained for this event. A licensed medical doctor has verified my physical condition.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

[www.bgcwb.org](http://www.bgcwb.org)