

# 8th Annual City of Chelsea Tennis Tournament

To support:



**WHEN:** August 16<sup>th</sup>, 17<sup>th</sup> and 18th 2024 (Friday play will only happen if necessary)

**WHERE:** Chelsea High School (740 N. FREER, CHELSEA MI)

**COST:** \$30 SINGLES, \$20 DOUBLES (PER PLAYER), \$40 for BOTH

**HOW TO ENTER:** Email the form to: [coachatkinson12@att.net](mailto:coachatkinson12@att.net)

**\*\*NEW FORMAT: \*\* SINGLES ON SATURDAY, DOUBLES ON SUNDAY!**

**MAXIMUM 3 MATCHES, MINIMUM OF TWO!**

**SILENT AUCTION AND CONCESSION STAND WILL BE ON SITE!**

# **ENTRY FORM**

Name:

Date of birth:

Age Group: (Circle One)

Kids:		12 & Under	13-14	15-18	
Adult:	NPTR Rating:	3.0 or Under	3.5	4.0	4.5 or Up

UTR rating if known: \_\_\_\_\_

Phone:

Email:

Male    or    Female

Team:

Position on team (if not from Chelsea):

Doubles partner if playing doubles:

Shirt Size: (Circle One)

Youth Small   Youth Medium   Youth Large   Adult Small   Adult Medium   Adult Large   Adult Extra Large

Entry Fee: Singles (\$30)   Doubles (\$20/player),   \$40 (Both)

Make checks payable to Make-A-Wish® Michigan or Venmo to Coach Brian at: @brian-atkinson-27

## **Additional Donation to the Make a Wish Michigan foundation!**

\$ \_\_\_\_\_

Rules:

12 and under will play one pro set to 8.

13 and up will play two regular sets to 6 with a tie breaker to 10 instead of a 3rd set.

Adults will play two regular sets to 6 with a tie breaker to 10 instead of a 3<sup>rd</sup> set.

Tournament director can shorten matches at his discretion due to rain, heat, time etc.

No coaching. No indoor play. Tournaments may be combined based on the number of entries.

Any questions, contact the tournament director at: [coachatkinson12@att.net](mailto:coachatkinson12@att.net)

By signing below, I agree to the following: I am aware of and understand there may be risks inherent with participating in any recreation activity. We assume all risks and hazards incidental to such participation. In consideration of my child's participation in the activities, I hereby release and discharge the Chelsea School District, its officers, staff, and their agents from any or all liability arising from accident, injury or illness that he or she may suffer as a result from participating in our event. In the event of an emergency, I authorize the Chelsea School District staff and agents to obtain medical treatment for the above participant. I will follow the rules, regulations, and policies set forth by the Chelsea Community Education for this event. I also waive any rights or damages that may occur in result of photographs or videos of the events offered by the Chelsea Community education.

Participant or Adult/Guardian if Participant is under 18

