



4th Annual

GC Open Tennis Tournament 2016

Dates: Friday, June 3rd - Singles

Saturday, June 4th- Doubles

Sunday, June 5th- Mixed Doubles

Location: Garden City High School Tennis Courts, 2720 Buffalo Way

Time: Tournament play will begin at 9:00 am each day. Match times will vary and

will be emailed and posted on Facebook prior to June 3rd.

Format: Double elimination. 8 game pro-set with Ad scoring, 12 point tie breaker at

7 games all. Finals rounds 2 out of 3 sets (no super tie breaker).

Fee: \$15 entry fee per person/per event must accompany registration form.

NO REFUNDS.

Awards: 1st and 2nd place trophies will be awarded in each division, 3rd place will

receive medals. There will be drawings for beef prizes and gift certificates.

We reserve the right to cancel divisions that do not have at least 4

entrants/teams and to put those entrants in other divisions.

Entry Deadline: May 31, 2016. All paid entries will receive a FREE tournament T-shirt if

received before the deadline. One T-shirt per entrant.

Draw Info: Contact Heather Kneeland at (620) 290-1999 for match times. For more

event and sponsor information, visit us on Facebook:

Garden City Tennis Association

Mail Entry: Make checks payable to: Garden City Tennis Association (GCTA)

Send to: Heather Kneeland

2122 Tara Drive

Garden City, KS 67846

ENTRY FORM

NAME		_AGE	PHO	ONE	
ADDRESS		_CITY, ST	ATE		ZIP
EMAIL					
EVENTS : Please circle the event(s	s) you are e	entering:			
MEN'S SINGLES (FRIDAY)	OPEN	Α	В	С	
WOMEN'S SINGLES (FRIDAY)	OPEN	Α	В	С	
WOMEN'S DOUBLES (SATURDAY)	OPEN	Α	В	С	
MEN'S DOUBLES (SATURDAY)	OPEN	Α	В	С	
MIXED DOUBLES (SUNDAY)	OPEN	Α	В	С	
DOUBLES PARTNERADDRESS					
MIXED PARTNER			_ADDR	RESS	
SEEDING INFO?					
T-SHIRT SIZE(S): S M					
NOTE: USTA RULES OF CODE AND CONDUCT WILL APPLY. TOURNAMENT DIRECTORS RESERVE THE RIGHT TO MOVE PLAYERS TO A DIFFERENT DIVISION IF NEEDED AND DISQUALIFY ANY PLAYER WHO DOES NOT FOLLOW USTA RULES OF TENNIS.					
Disclaimer:					
I hereby desire that myself and/or Tournament. By condition of this and agree that all the requirements program should be established for injury to myself and/or my child where the GCTA and all personne from my/his/her participation.	release, I a s, directior my/his/he hich may a	cknowled is, superv ir benefit. rise out o	ge the ision ar I hereb	inherent risk on the standards so y voluntarily a ipation in this	of playing in an athletic event; et by the directors of this assume all risk of accident or program, hereby intending to
As a condition of participation in the good physical health and has had a					
Participant/Parent/Guardian:					
Signature:					Date: