



Bend Park & Recreation  
DISTRICT

**24th Annual**

## **Spring Tennis Classic**

**June 12-14, 2009  
Bend, Oregon**



### **JUNIOR CHALLENGER**

**Entry Deadline  
Friday June 5<sup>th</sup>**

**Tournament Director  
Kevin Collier - (541) 389-7275  
[kevin@bendparksandrec.org](mailto:kevin@bendparksandrec.org)**

**USTA ID #600112209**



Bend Park & Recreation  
DISTRICT

200 NW PACIFIC PARK LANE  
BEND, OR 97701

## Tournament Rules and Regulations

Tournament Headquarters is Juniper Park, (8th and Franklin). Please check in at this location for your first match. Matches will also be played at other locations in Bend.

All matches will be best 2 out of 3 sets, regular scoring with a match breaker for the 3<sup>rd</sup> set.

**Participants may enter in one singles and one doubles event.**

Consolation matches will be scheduled in singles and doubles ó weather permitting and court availability.

USTA rules will govern play.

Note that there is a non-sanctioned NTRP Adult tournament coinciding with this event.

Starting times will be available after 10:00am Tuesday June 9th at (541) 389-7275, ext 123. Draws will also be available via the internet at [www.usta.com](http://www.usta.com). Tournament id #600112209.

**Entry deadline is Friday June 5th.** You are encouraged to enter early as draws may be limited. USTA members may enter online at [www.usta.com](http://www.usta.com). Tournament id #600112209

Adverse weather conditions and unplayable situations may result in modification or cancellation of the event. Under no circumstances will the entry fee be refunded.

Matches may start as early as 8:00AM on Friday June 12th. Players must be available to play when scheduled.

Awards will be given for winners and runners-up in all events.

## Tournament Sponsors

### CONTRIBUTING SPONSORS



## Entry Form

Name \_\_\_\_\_

Phone( ) \_\_\_\_\_/( ) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ email \_\_\_\_\_

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

Mixed Partner Name: \_\_\_\_\_

**Entry Fees: \$22 Singles \$28 Doubles/Team**

**Make Checks payable to BMPRD  
Mail Entries to Kevin Collier c/o BMPRD  
200 NW Pacific Park Lane,  
Bend, OR 97701**

### Events

<input type="checkbox"/> Boy's 14 Singles	<input type="checkbox"/> Girl's 14 Singles
<input type="checkbox"/> Boy's 12 Singles	<input type="checkbox"/> Girl's 12 Singles
<input type="checkbox"/> Boy's 10 Singles	<input type="checkbox"/> Girl's 10 Singles
<input type="checkbox"/> Boy's 14 Doubles	<input type="checkbox"/> Girls 14 Doubles
<input type="checkbox"/> Boy's 12 Doubles	<input type="checkbox"/> Girls 12 Doubles
<input type="checkbox"/> Boy's 10 Doubles	<input type="checkbox"/> Girls 10 Doubles

**Liability Waiver:** "I, the participant or the parent/guardian of the above named participant understand the possibility of injuries resulting from the activities indicated above or other activities sponsored by the Bend Metro Park and Recreation District (óDistrictó). I hereby acknowledge and accept all risks and hazards incidental to participation in such activities. I hereby release, absolve, indemnify and hold harmless the District and its directors, employees and agents from any injury, whether to person or property, of the participant resulting from such activities. In case of personal injury to participant, I hereby waive any and all claims against the District, its directors, employees and agents. I understand there is no insurance coverage provided by District for participant and that such coverage constitutes a responsibility of the participant and/or the undersigned. I hereby release from liability and waive any and all claims against any person who, on behalf of the District, is involved in the transportation of participant in connection with District activities. I hereby consent to emergency medical treatment of participant to assure prompt treatment and prevention of undue delay, and I understand that such treatment may be provided by either a licensed physician or trained emergency care technician. I agree that the District may use, reproduce, disclose and distribute participant's name and likeness and the information included in this registration form by the District. I acknowledge that I have read, fully understand and accept the above provisions and I recognize that the District is relying on such acceptance in permitting participant to engage in District activities.

Participant or Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_