



Name: _____
 Address: _____
 City: _____ St: ___ Zip: _____
 Phone: _____
 Phone in Sunriver: _____
 Email: _____

Circle events you wish to enter.

JUNIOR CHALLENGER

Boys, Sgls	10	12	14	16	18
Boys Dbls	10	12	14	16	18
Girls Sgls	10	12	14	16	18
Girls Dbls	10	12	14	16	18

Age is as of June 30, 2009.

USTA #: _____ (required)

Doubles Partner: _____ (if known)

(If you don't have a partner the Tournament Director will attempt to pair you with another player.)

Seeding by section ranking.

ADULT NTRP

Singles	3.0	3.5	4.0	Open	M	W
Doubles	6.0	7.0	8.0	Open	M	W

Doubles Partner: _____

Mixed 6.0 7.0 8.0 Open

Mixed Partner: _____

USTA # _____ (yours, if known)

Doubles and Mixed division is the sum of your and your partner's NTRP rating, round up.

Seeding by Tournament Committee.

ENTRY FEES

Singles (\$21) \$ _____

Doubles (\$15 per player) \$ _____

Mixed (\$15 per player) \$ _____

TOTAL ENCLOSED: \$ _____

Mail Checks and Entry Form to:

Tom Wimberly
 61015 Bachelor View Dr.
 Bend, OR 97702

Or register Online:

<http://tennislink.usta.com/tournaments>

Tournament # 600109809 (Juniors)

Tournament # 600116609 (Adults)

Entry deadline by mail, phone or online:

Saturday, June 13th, 11:59 pm

PLAYER RELEASE

I hereby for myself, my heirs, legal representatives and administrators waive and release any and all rights to claim for damages that I may have against the tournament, its sponsors, its agents, or tournament director, as well as the facility used for this tournament and for any and all injuries which may be suffered by me in conjunction with my participation in this tennis tournament.

 Participant

 Parent or Legal Guardian for participants under 18