

**BOYS & GIRLS CLUB OF WESTERN BROOME FAMILY CENTER**

One Clubhouse Road      Endicott, NY 13760      607-754-0225      Fax: 607-754-2801

*"The Positive Place for Kids and All Ages in Our Community"*

- 3<sup>RD</sup> ANNUAL -

# PICKLEBALL DOUBLES TOURNAMENT

## ROUND ROBIN

FUNDRAISER EVENT in ENDICOTT, NY

**APRIL 25-26, 2014**



- UN-OFFICIATED ROUND ROBIN – USAPA RULES AND REGULATIONS
  - GAMES TO 11 POINTS WIN BY 1 .
  - THREE COURTS AVAILABLE
- MEDALS AWARDED TO 1ST AND 2ND, RIBBON'S TO 3RD AND 4TH
  - PLAY IN THE AGE GROUP OF THE YOUNGEST PLAYER
  - FORMAT MAY BE CHANGED AT SOLE DISCRETION OF TOURNAMENT COMMITTEE
- IF YOU NEED A PARTNER WE WILL TRY TO FIND ONE FOR YOU

Questions: [jdchavez@stny.rr.com](mailto:jdchavez@stny.rr.com)

# REGISTRATION FORM

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

AGE AS OF 12/31/14: \_\_\_\_\_ D.O.B: \_\_\_\_\_

DOUBLES PARTNER: \_\_\_\_\_ D.O.B: \_\_\_\_\_

MIXED DOUBLES PARTNER: \_\_\_\_\_ D.O.B: \_\_\_\_\_

## EVENT CATEGORIES:

60 AND OVER - FRIDAY 25th  OPEN - SATURDAY 26th

**FOR DOUBLES: 8 AM**-REGISTRATION & WARM UP **9 AM**-PLAY BEGINS

**FOR MIXED DOUBLES: 1:30 PM**-REGISTRATION & WARM UP **2PM**-PLAY BEGINS

## TOURNAMENT FEE:

1 EVENT **\$20 PER-PLAYER** - 2 EVENTS **\$25 PER-PLAYER**

PLEASE MAKE CHECK (NO LATER THAN APRIL 17, 2014) PAYABLE TO:

BOYS & GIRLS CLUB OF WESTERN BROOME  
ONE CLUBHOUSE RD, ENDICOTT, NY 13760

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*ALL TOURNAMENT CONCESSIONS AND PROCEEDS TO BENEFIT  
THE BOYS & GIRLS CLUB OF WESTERN BROOME FAMILY CENTER*

To obtain a registration form, go to **[www.bgcwb.org](http://www.bgcwb.org)**

-for more information contact Jorge P. 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: \_\_\_\_\_