



CENTURY TENNIS TOURNAMENT

Sponsored by Augusta Health Lifetime Fitness
& Staunton Waynesboro Augusta Tennis Association (SWAT)

MAY 19 –MAY 23, 2010

(Wednesday – Sunday)

Clay Courts at Augusta Health Lifetime Fitness

EVENTS

Century Division:

Combined ages of team must equal a total of 100 years or more as of 12/31/10.

MEN'S DOUBLES
WOMEN'S DOUBLES
MIXED DOUBLES

Century Plus Division:

Combined ages of team must equal a total of 125 years or more as of 12/31/10.

MEN'S DOUBLES
WOMEN'S DOUBLES
MIXED DOUBLES

GAME: 2 sets with no add scoring and championship tie breaker

- **FEES:** \$15.00 first event, \$10.00 additional event
- **ENTRY DEADLINE:** Friday, **May 14th**
- **TIMES:**
Play will begin at 6 PM on Wednesday/Thursday/Friday
Play will begin at 8:00 AM on Saturday
Play will begin at 12:00 PM on Sunday
- **COMMITMENT:** Due to time constraints for courts, scheduling conflicts will not be accommodated during any of the tournament. Everyone must play as scheduled or forfeit.
- **FIRST ROUND:** First round times posted at Augusta Health Lifetime Fitness on Monday, May 17th. First round times will also be in the Daily News Leader on Tuesday May 18th.
- **CHECK-IN:** Players need to arrive 15 minutes early for each match to check-in and receive court assignments. Only 10 minutes will be allowed for warm-ups including serves.

DIRECTOR:

Freddie Roberts 949-7648

Committee:

Tom Erskine 540-490-8040
Hardy Dawkins
Gloria Armentrout

ENTRY FORM

Detach and Return

Name _____ Birthdate ___/___/___ Age as of 12/31/10 _____

Address _____ City _____ ZIP _____

H Phone _____ W or Cell Phone _____ Email _____

Century Division

Century PLUS Division

Men's Doubles/Partner _____ Birthdate ___/___/___ Age as of 12/31/10 _____

Women's Doubles/Partner _____ Birthdate ___/___/___ Age as of 12/31/10 _____

Mixed Doubles/Partner _____ Birthdate ___/___/___ Age as of 12/31/10 _____

___ I would like the tournament committee to select a partner for me.

___ I am currently a member of SWAT.

___ I am currently a member of Augusta Health Lifetime Fitness.

Send entry and check payable to:
SWAT by Friday May 14th

SWAT—Century Tournament

PO Box 2082

Staunton, Va. 24401

Medical Release: Acceptance of my entry in this tournament is without assumption of responsibility of any kind by Augusta Health Lifetime Fitness, the Staunton Waynesboro August Tennis Association, the Tournament Committee or the Tournament Director. I do hereby for and on behalf of myself and my heirs and legal representative release and forever discharge the above named from any and all claims and all damages, losses, or injuries which may be suffered or sustained by me in connection with my activities during the tournament period. I HAVE READ AND UNDERSTAND THE FOREGOING RELEASE AND INDEMNITY AGREEMENT.

Player's signature _____ Date _____