

Rockingham Heritage Bank Century Clay Court Championships

**In Partnership with *Staunton Waynesboro Augusta Tennis Association*
and Hosted by Spotswood Country Club May 18 – 20**

Your Age + Partner Age ≥ 100 Years = Entry Play

Rockingham Heritage Bank is sponsoring a “Century” **Doubles Tournament** where a teams combined ages must equal or exceed a total of 100 years.

Men’s, Women’s and Mixed Doubles Championships
on May 18-20 at Spotswood Country Club.

Each team is guaranteed two matches – event or first match consolation. All Players and guests have optional clubhouse dining opportunities and courtside refreshments during Saturday play.

Rockingham Heritage Bank Century Clay Court Championships Facts

Entry Deadline: *Tuesday, May 15th* (by Fax 433-2619 with no phone entries). Entry fees must accompany completed entry form with no refunds after entry deadline. **Entry Form must be completely filled out and signed.** Entry Fee is \$19 for one or \$29 for two events per player.

Draw & Rules: Available Thursday morning, August 17th by calling the Spotswood Country Club Tennis Shop at 434-3424. **All teams are offered at least two playing opportunities** via match play and/or first match consolation. All Matches will be "**Best of Two**" no-ad sets with a Super Tiebreaker played as a 3rd set. The Tournament Committee has the right to alter play format, surface and draw type based on weather conditions and scheduling. Matches will be played on clay courts with hard courts used due to inclement weather and/or time constraints. USTA rules and code of conduct will govern play. Tournament Director: John Raker

Important Player Commitment: Match play is at strict scheduled times per the draw. Schedule of play begins Friday 6 PM, Saturday 9 AM and Sunday TBA. If needed for play, all Spotswood Country Club courts are lighted. All Players should arrive 15 minutes before match to check-in and receive court assignment. **Players are highly encouraged to list ANY time conflicts with this entry form for Tournament Committee review!**

For more information, contact **John Raker**, Virginia Professional Tennis,
1866 East Market St., PMB #337, Harrisonburg, Virginia 22801-5111
Phone **(540) 434-3424**, fax (540) 438-0177, e-mail **vaprotennis@mac.com**

Birthdate: ___/___/___ Age as of 12/31/07: _____ **E-Mail:** _____

Address: _____ City/State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Mobile Phone: _____

The following Entry Fees \$____ are enclosed with payment of **\$19 for 1 or \$29 for 2 events per Player** made payable to **VPT**, 1866 E. Market Street, PMB #337, Harrisonburg, VA 22801-5111. Fax 540.438.0177

If you wish to enter an event(s) and have the **Tournament Committee find a partner for you**, please fill-out all above and write in the Parter name section "*please find partner*". Please include any seeding information.

Men's Doubles: Partner & Phone _____ Team Age (as of 12.31.07): _____

Mixed Doubles: Partner & Phone _____ Team Age (as of 12.31.07): _____

Women's Doubles: Partner & Phone _____ Team Age (as of 12.31.07): _____

Medical Release: I hereby consent to emergency medical or hospital service that may be rendered by accredited/certified medical personnel or at accredited hospitals by appointed physicians in the event such need arises in the opinion of a duly licensed physician. Acceptance of my entry in this tournament is without assumption of responsibility of any kind by the Tournament Committee, Tournament Director & Staff, Tournament Sponsors/Partners or Virginia Professional Tennis. In consideration of the acceptance of my entry, I do hereby for and on behalf of myself and my heirs and legal representatives release and forever discharge the Tournament Committee, Tournament Director & Staff, Tournament Sponsors/Partners, Virginia Professional Tennis and their successors and assigns, of and from any and all claims and demands of any kind, nature, and character which I may have or may hereafter acquire for any and all damages, losses, or injuries which may be suffered or sustained by me in connection with my activities during the period for which such permission is granted and any period travelling to or from the tournament, and all such claims are hereby waived and released, and I covenant not to sue thereof.

By signing and submitting this entry, the player whose signatures appear below, agree to abide by the USTA Code of Conduct, consent to discretionary right of the Tournament Director and the Director's designees, to impose sanctions on the players, including point and game penalties as well as immediate disqualification from any further play in the tournament based on the tournament-related conduct of the player, the player's immediate family or others accompanying the player, and waive any right to institute any judicial action against any person relating to the imposition of any such sanction.

I HAVE READ & UNDERSTAND THE FOREGOING RELEASE AND INDEMNITY AGREEMENT AND THE RULES AND REGULATIONS PUT FORTH IN THE USTA RULES OF TENNIS (Friend at Court).

Player's Signature: _____ **Date:** _____

Parent or Guardian's Signature: _____ **Date:** _____

Please read the "Player Commitment" section on the other side of this form. Players are encouraged to list ANY time conflicts and seeding information with this entry form for the Tournament Committee.

Entry Deadline must be received by May 15 (in person, mail or Fax: no phone entries).
To successfully enter event(s), entry form must be completely filled-out and signed.



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