

# 2009 Connecticut Public Parks Tennis Championships

## To benefit the Thomas Blake, Sr. Memorial Research Fund (July 17-19)

Friday night play will occur only if singles fields exceed 16 entries. \* We do our best to schedule around USTA League matches.

Thomas Blake, Sr. was a skilled tennis player and loving family man who lost a battle with cancer in 2004. The Blake family resides in Fairfield, Conn., and played frequently at Scalzi Park. Last year, James Blake, a member of the U.S. Davis Cup and Olympic tennis teams created a fund in his father's name to support the early diagnosis and treatment of cancer. \$5 from each entry goes to the Thomas Blake, Sr. Memorial Research Fund.

- **Entry Fee: \$40 per singles player \$40 per doubles team**  
*(an additional fee is assessed by TennisLink for each entry paid with a credit card both online or thru the tournament director)*
- **Online Entry Preferred**  
at [www.usta.com/tennislink](http://www.usta.com/tennislink) (ID# 450730909)
- **USTA MEMBERSHIP REQUIRED**
- **All events are sanctioned by USTA New England.**
- **NTRP Mixed 4.5 suggested for teams 8.0 and below.**

	MEN	OPEN	NTRP 4.0	NTRP 3.5	45s	55s
<b>SINGLES</b>						
<b>DOUBLES</b>						
	WOMEN	OPEN	NTRP 4.0	NTRP 3.5		
<b>SINGLES</b>						
<b>DOUBLES</b>						
<b>MIXED DOUBLES</b>		OPEN	NTRP 4.5			

## and Pilot Pen Tennis Family Classic (July 18-19)

- **Entry Fee: \$40 per team**
- **Payment by cash or check only**
- **MAIL THIS FORM; NO ON-LINE ENTRY AVAILABLE**
- **NO USTA MEMBERSHIP REQUIRED**
- For complete rules visit [www.stamfordtennis.org](http://www.stamfordtennis.org)
- **Winners advance to Regional Championships July 25-26**
- **Parent includes (parent, grandparent or legal guardian)**

DIVISION	Open	18 & Under	14 & Under	12 & Under
Husband-Wife				
Parent-Child*				
Father-Child				
Mother-Child				

\* Open Parent-Child for children age 19 and over

- **Children ranked Top 30 in New England must play up one age division**

### ENTRY DEADLINE (8 p.m. Monday, July 13, 2009)

Players may register for one singles event and up to two doubles events (including FAMILY events). Note this may require as many as six matches a day (two rounds in each event).

Name \_\_\_\_\_ USTA # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

#### **DOUBLES PARTNER INFO:**

Name \_\_\_\_\_ USTA # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

#### **MIXED DOUBLED PARTNER INFO:**

Name \_\_\_\_\_ USTA # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Amount Enclosed \_\_\_\_\_ Check  # \_\_\_\_\_ Cash  VISA  MC  AMEX

CREDIT CARD NUMBER (*Connecticut Public Park entries only*) \_\_\_\_\_ Expiration Date \_\_\_\_\_

CARDMEMBER NAME (PRINTED) \_\_\_\_\_

CARDMEMBER NAME (SIGNATURE) \_\_\_\_\_ Date \_\_\_\_\_

**Mail entry and any scheduling conflicts to:**  
**Greater Stamford Tennis Association**  
**C/O Tim Curry**  
**27 Revonah Avenue**  
**Stamford, CT 06905**

Phone Days (914) 696-7077 or Evening: (203) 359-0805  
 E-mail: [stamfordtennis@aol.com](mailto:stamfordtennis@aol.com) Website: [www.stamfordtennis.org](http://www.stamfordtennis.org)

Completed entry form with credit card information (**Conn. Public Park entries only**) may be faxed to: (914) 696-7169. Confirm fax receipt by calling Tim Curry at (914) 696-7077. Please confirm your tournament registration online by going to: [www.usta.com/tennislink](http://www.usta.com/tennislink) - **Tournament ID#: 450730909**

**WAIVER:** Acceptance of my entry in these events is without assumption or responsibility of any kind by the Greater Stamford Tennis Association, the City of Stamford, USTA, its sectional associates, committee or management of any event in which I may be entered or may participate. In consideration of the acceptance of my entry, I do hereby for and on behalf of myself and my heirs and my legal representatives release and forever discharge the GSTA, City of Stamford, USTA, its officers, committees, and representatives and their successors and assigns, of and from any and all claims and 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 traveling to and from the events described, and all such claims are hereby waived and released, and I covenant not to sue therefore.

Signature of Entrant(s) \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent or guardian if under 18 \_\_\_\_\_ Date \_\_\_\_\_

