

2021 Kokomo Parks & Recreation Department Tennis Tournament



Kokomo Parks &
Recreation Department
1402 W. Deffenbaugh
Kokomo IN 46902
(765) 456-7275
www.cityofkokomo.org

Location: Kokomo High School Tennis Court Complex

Tourney Date: Play begins on Friday, July 30 at 5:00pm. You may call the Park office at 456-7275 on or after Thurs., July 29 at 12:00pm for start times or check the Park Dept. website.

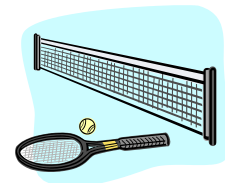
Equipment: Balls will be furnished.

Awards: Trophies to all winners and runners-up

Events: Boy's 12 & under Singles
Boy's 14 & under Singles
Boy's 16 & under Singles
Boy's 18 & under Singles
Boy's 18 & under Doubles

Girl's 12 & under Singles
Girl's 14 & under Singles
Girl's 16 & under Singles
Girl's 18 & under Singles
Girl's 18 & under Doubles

Men's Singles
Women's Singles
Men's Doubles
Women's Doubles
Men's 35 & Over Singles
Mixed Doubles



ALL PLAYERS ARE LIMITED TO NO MORE THAN 2 EVENTS

*minimum of 4 players per event. If there are under 4 registered, Tournament Director may combine registrations for two or more events in order to allow all participants a chance to compete.

Default Time: 20 minutes will be enforced in all rounds

Registration: Will begin on Monday, June 21. Entry deadline is Tuesday July 27 at 4:00pm. The draw will be held Tuesday evening. Entries are accepted at the Parks & Recreation Department offices in Highland Park located at 1402 W. Deffenbaugh St., Kokomo IN 46902, Monday through Friday from 8am-4pm. Make all checks payable to the Kokomo Parks Department. (Telephone entries are not accepted).

Fees: \$15 per person for singles events & \$20 per team for doubles events

***Total payment for event(s) is required at time of registration. 1/2 and/or partial payments will NOT be accepted.**

NAME:_____	AGE:_____	PHONE:_____
ADDRESS:_____CY/ST/ZP:_____		
SCHOOL ATTENDING:_____		
SEEDING INFORMATION:_____		
1ST EVENT:_____		2ND EVENT:_____
DBLS PARTNER:_____		AGE:_____

Agreement & Waiver

I understand that every precaution is taken to protect the safety of each participant. I release and will not hold the Kokomo Parks & Recreation Department of any of its employees or agents responsible for any liability arising out of participating in the Tennis Tournament. I agree to emergency treatment by a physician or hospital. Each participant's family policy must cover any medical cost incurred.

Participant's Signature:_____
(Parent or Legal Guardian if Participant is under 18)

Date:_____