

2017 Litchfield Watercade 39th Annual Tennis Tournament

July 7-9, 2017

Sponsored by: Meeker Memorial Hospital

- Location:** High School Tennis Complex (south of high school)
All players must check in and be ready to play 15 minutes before scheduled match time!
- Events:** Mixed Doubles; Singles and Doubles for Men's Open, Men's Class A, and Women's
- Entry Fee:** Singles \$20; Doubles \$40 (\$20/person)
- Consolation:** The inclusion of consolation brackets will be dependent on the number of entries in any given class.
There is a 2 match guarantee. Consolation matches will be 8 game pro-set no-ad scoring.
- Regulations:** All matches until semi's will be 2 out of 3 sets, no-ad scoring, 3rd set will be a 10 point tie-break.
Semi's and Final will be 2 out of 3 sets, regular scoring.
- Tennis Balls:** Tennis balls will be furnished for all matches
- T-shirts** All entrants will receive a T-shirt. Please enter your requested size in the entry form. We will do our best to honor all requested sizes, but may not be able to accomodate XXS and XXL sizes due to quantity requirements when ordering.
- Schedule:** **Some matches will start at 5:00 PM on Friday, July 7.** It may not be possible to schedule players in the tournament who are unable to play on Friday night.
To obtain starting times, an e-mail will be sent on Wednesday, July 5.
Or view the brackets at the Watercade Tennis website: www.WatercadeTennis.com
- Awards:** Awards will be given for champion, runner up, and consolation champion.
- Deadline:** **Entries must be received by Thursday, June 29, at Noon. Fees must accompany entry form.**
Please e-mail completed form to watercadetennis@gmail.com - and mail signed and completed form with fees to the address below. Only paid entries will be entered into the draws. Thank you!

Social Media:



@watercadetennis

Website: www.WatercadeTennis.com



Watercade Tennis

E-Mail: watercadetennis@gmail.com

Mail to: **Ethel Young: Watercade Tennis Tournament**
703 Park Ave Litchfield, MN 55355

Watercade Tennis Tournament 2017 Entry Form

Name: _____ Cell: _____
Address: _____ E-Mail: _____
City/State/Zip: _____ T-Shirt Size: _____
Doubles Partner(s): _____

Events you are entering, LIMIT 2 EVENTS PER PERSON

Men's Open (Top Level)	Men's Class A	Women's	Mixed
_____ Men's Open Singles	_____ Men's A Singles	_____ Women's Singles	_____ Mixed Doubles
_____ Men's Open Doubles	_____ Men's A Doubles	_____ Women's Doubles	

Waiver & Release: I hereby apply to enter the 2017 Litchfield Watercade Tennis Tournament and in consideration of my acceptance as a participant, I, the undersigned intending to be legally bound, do hereby, for myself, my heirs, my executors and administrators, forever waive & release any & all rights & claims for damages against the Litchfield Watercade, Inc., the City of Litchfield, District #465 Community Education, Litchfield Tennis Association, Meeker Memorial Hospital, or any agent, employee official or elected officer of these organizations and any sponsoring or co-sponsoring agencies, for any & all injuries, illness and/ or property loss which I may suffer as a direct or indirect result of my participation in this event.

Signature: _____ (Parent/Guardian if under 18 years of age)