

YMCA OF METROPOLITAN FORT WORTH

PROAM

FEATURING ZINA GARRISON

TENNIS TOURNAMENT REGISTRATION FORM AND INFORMATION

DATE: SEPTEMBER 8 & 9
 SEPTEMBER 8 – *ZINA GARRISON YOUTH CLINIC, AGES 8-14 — 4:00-5:30 PM*
CASINO NIGHT AND AUCTION 6:30 PM
 SEPTEMBER 9 – *PROAM TOURNAMENT 9:00 AM*

LOCATION: COLONIAL COUNTRY CLUB
 3735 COUNTRY CLUB CIRCLE — FORT WORTH, TX 76109

GROUPS: MIXED DOUBLES AND MEN'S DOUBLES

PLEASE REGISTER ME FOR THE FOLLOWING:

YOUTH CLINIC: <input type="checkbox"/>	Friday, September 8, 2006	COST: \$25	
	Number of Players _____	x \$25.00	\$ _____
PLAYER REGISTRATION: <input type="checkbox"/>	Saturday, September 9, 2006	COST: \$275	
	Number of Players _____	x \$275.00	\$ _____
CASINO NIGHT: <input type="checkbox"/>	Friday, September 8, 2006	COST: \$60/Person	
	<i>**1 ticket included in tournament registration**</i>		
	Number Attending _____	x \$60.00	\$ _____
NOT ABLE TO ATTEND <input type="checkbox"/>	I am not able to attend, please accept my donation of ----->		\$ _____
	to the YMCA Step Up For Kids annual campaign.		

SPONSORSHIP OPPORTUNITIES

COURT SPONSOR: \$250 — Includes company name on sign at designated court during the tournament, recognition in all marketing/advertising pieces, recognition on sponsor banner during tournament and at Casino Night and 2 tournament spectator tickets. \$ _____

CASINO NIGHT TABLE SPONSOR: \$500 — Includes company name on a table sign at designated gambling table during Casino Night. Recognition in all marketing/advertising pieces, recognition on sponsor banner during tournament and during Casino Night and 4 tournament spectator seats. \$ _____



\$100 — Includes VIP spectator seating at event, name on **100 Club** sponsor board on display during tournament and Casino Night, recognized as a **100 club** member in all advertising/marketing pieces. \$ _____

PLEASE MAKE CHECKS PAYABLE TO: YMCA OF METROPOLITAN FORT WORTH — TOTAL \$ _____
REGISTRATION DEADLINE – AUGUST 15TH

NAME _____

ADDITIONAL NAMES _____
IF LISTING ADDITIONAL NAMES PLEASE INDICATE: MIXED, MENS OR YOUTH

ADDRESS _____

PHONE _____ E-MAIL _____ DATE OF BIRTH _____ AGE _____

USTA RANKING _____ WHAT DIVISION ARE YOU REGISTERING FOR: MIXED MEN'S YOUTH

PAYMENT INFORMATION: CHECK ENCLOSED CREDIT CARD: MASTERCARD VISA AMERICAN EXPRESS

NUMBER _____ EXP DATE _____ ZIP CODE _____