

# 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:

<b>YOUTH CLINIC:</b> <input type="checkbox"/>	Friday, September 8, 2006	COST: <b>\$25</b>	
	Number of Players _____	x \$25.00	\$ _____
<b>PLAYER REGISTRATION:</b> <input type="checkbox"/>	Saturday, September 9, 2006	COST: <b>\$275</b>	
	Number of Players _____	x \$275.00	\$ _____
<b>CASINO NIGHT:</b> <input type="checkbox"/>	Friday, September 8, 2006	COST: <b>\$60/Person</b>	
	<i>**1 ticket included in tournament registration**</i>		
	Number Attending _____	x \$60.00	\$ _____
<b>NOT ABLE TO ATTEND</b> <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

<b>COURT SPONSOR:</b>	\$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.	\$ _____
<b>CASINO NIGHT TABLE SPONSOR:</b>	\$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 <b>100 Club</b> sponsor board on display during tournament and Casino Night, recognized as a <b>100 club</b> 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 \_\_\_\_\_