

THE JOHN GRAVES MEMORIAL 2004 CLUB CHAMPIONSHIP

Wilde Lake Tennis Club

Week 1-Tuesday, September 7 through September 12

Week 2- Monday, September 13 through September 19

Web site: columbiaassociation.com/tennis

Tournament Directors:

***Garth Finney 410-746-8427 *Primary contact for scheduling conflicts and inquiries**

Patti Reynolds 410-531-4942	Maria Ledane 410-730-4095	Liz Baker 410-489-4693	Lynda Gluck 410-531-6581	Gary Kramer 410-997-7057	Jerry Boyer 410-730-1680
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Sponsors: Chuck Morgan (State Farm), Dr. Benjamin Sandler, Jeff Harris (Wells Fargo), Cal Jackson (Snowden River Liquors), Russ Antico ,

Deadline: Each participant must complete an application and all entries must be received by **Thursday, August 28, 2004: 6 pm** at Wilde Lake, Athletic Club, or Owen Brown Tennis Clubs.

Draw: Draw for all events will be posted by Wednesday, **September 4, 2004** at Wilde Lake and Owen Brown Tennis Clubs and on the web at www.columbiaassociation.com/tennis

Eligibility: Open to any **CA tennis club member or Bubble membership** who holds a current NTRP rating (or rating by a CA pro). Copy of club pro rating must be provided prior to first tournament match.

Schedule: Week 1- Matches begin Tuesday through Friday, 6:30 PM. Weekends start 9 am. **Maximum 2 events.**
Week 2- Matches begin Monday through Friday, 6:30 PM. Weekends start 9 am. **Maximum 2 events.**

Categories: Men and Women Singles and Doubles, and Mixed Doubles. (Please refer to page 2 for details)
Tee Shirts, trophies and refreshments will be provided. .

Rules: The Columbia Tennis Committee Tennis Tournament Rules will govern tournament play. Copies of these rules are available on the web and at the tournament desk. Photographs, unless otherwise requested, may be used in any publication.

Balls: Each player or team must supply a new can of USTA-approved standard size tennis balls for each tournament match. Winners keep unopened can, losers keep used can. Balls provided for finals by Columbia Association.

Schedule: All rounds will be scheduled by the Tournament Director and must be played at the scheduled time. The Tournament Directors, not players, will reschedule rain delays. If early rounds are rescheduled due to rain, it may affect later rounds. Players are responsible for checking if their matches have been delayed. Directors will not call participants to notify them of schedule changes. Participants must be available for all days of each event, including Saturday and Sunday evenings.

Match Play: All matches will be best 2 of 3 full sets, regular scoring, with set tie-break at 6 all.

Fees: \$10 per person per event.



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PLEASE PRINT

Last Name _____ First _____ Nick Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ CA NUMBER _____

Email _____ USTA # _____

Shirt size S M L XL XXL circle one NTRP rating _____ Juniors age _____ Club rated _____

If no NTRP rating Club rating _____ Rated by: _____ Date _____

Valid 6 months.

Circle each event you wish to enter. MAXIMUM OF 4 EVENTS {2 per week}

RATING	MEN'S DOUBLES	WOMEN'S DOUBLES	MIXED DOUBLES	M- SINGLES	W- SINGLES
2.5	M2.5 Week 2	W2.5 Week 2	5.0 Week 1	2.5 Week 1	2.5 Week 1
3.0	M3.0 Week 1	W3.0 Week 1	6.0 Week 2	3.0 Week 2	3.0 Week 2
3.5	M3.5 Week 2	W3.5 Week 2	7.0 Week 1	3.5 Week 1	3.5 Week 1
4.0	M4.0 Week 1	W4.0 Week 1	8.0 Week 2	4.0 Week 2	4.0 Week 2
4.5 +	M4.5 Week 2	W4.5 Week 2	9.0 Week 1	4.5 Week 1	4.5 Week 1

Doubles partner(s) : (print)

Event: _____ Last Name: _____ First Name: _____ Rating: _____

Event: _____ Last Name: _____ First Name: _____ Rating: _____

Event: _____ Last Name: _____ First Name: _____ Rating: _____

Event: _____ Last Name: _____ First Name: _____ Rating: _____

USTA CONFLICT(S) Date: _____ Time: _____ // Date: _____ Time: _____ // Other: Date: _____ Time: _____

NOTE TO TOURNAMENT DIRECTOR _____

Religious Holiday's honored whenever possible

I would like to assist the Tournament Director now or in the future. yes • no •

PLEASE **STOP HERE** DO NOT WRITE BELOW THIS LINE: FOR CA OR TOURNAMENT DIRECTOR USE ONLY

INSTURCTIONS FOR CA EMPLOYEES: RECORD AMOUNT RECEIVED, RECEIPT NUMBER, METHOD OF PAYMENT, DATE, PRINT YOUR NAME . SIGN AND CHECK WHICH CLUB PAYMENT WAS MADE TO.

Total Received by Columbia Association: \$ _____ Receipt # _____ Method of Payment Check • Cash • Charge •

Received by: (print name) _____ Signature _____ AC. ? OB. ? WL ?

