

# SUMMER SMASH

COLUMBIA DOUBLES TOURNAMENT  
OWEN BROWN TENNIS CLUB  
Monday, July 19 through Sunday, July 25, 2003  
Draws available on web site: [www.columbiaassociation.com/tennis](http://www.columbiaassociation.com/tennis)

**Tournament Directors:**

**\*Kim Barnes 410.381.5363 -- [kimtennis2@comcast.net](mailto:kimtennis2@comcast.net) -- Contact for scheduling conflicts.**

- Eligibility:** Open to any tennis players with USTA or CA Club Rating. (Club Rating Valid 2 Years)
- Deadline:** All entries must be received by Wednesday, July 14, 2004 before 6 PM. at Owen Brown and Wilde Lake Tennis Clubs.
- Draw:** Draw for all events will be posted by Friday July 16, 2004 on the web, Owen Brown and Wilde Lake Tennis Clubs.
- Categories:** Men's, Women's and Mixed Doubles.
- Play Schedule:** Men's and Women's Doubles: 2.5, 3.0, 3.5, 4.0, 4.5 & up (same sex entrants must play at level or above)  
Mixed Doubles: 5.0, 6.0, 7.0, 8.0, 9.0
- Fees:** \$10 per person (\$20 per non-member) per event for Package Plan and CA tennis club members. MAXIMUM 3 EVENTS PER PLAYER. No refunds. Credit only to next tournament.
- Rules:** The Columbia Tennis Committee Tennis Tournament Rules will govern Tournament play. Copies of these rules are available on the web: [www.columbiaassociation.com/tennis](http://www.columbiaassociation.com/tennis)
- Balls:** Each team must supply a new can of USTA approved tennis balls for each tournament match. Winners keep the unopened can, losers keep used can. Balls will be provided for the finals.
- 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. USTA CONFLICTS WILL BE ACCOMMODATED. WHEN POSSIBLE, OTHER CONFLICTS WILL BE HONORED. IDENTIFY ALL CONFLICTS ON THE APPLICATION.
- Match Play:** All matches will be best 2 of 3 sets, regular scoring, and set-tiebreak at 6 games all.
- Sponsors:** T-shirts will be provided by our sponsors: Susan Souder REMAX; Bob Weickgennant Starcom Design; and Russ Antico Howard County Chiropractic Spine and Sports Rehabilitation



**FILE A SEPARATE APPLICATION FOR EACH PLAYER**

**COLUMBIA DOUBLES TOURNAMENT AT OWEN BROWN TENNIS CLUB.  
JULY 19 THROUGH JULY 25, 2004**

Last Name \_\_\_\_\_ First \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ CA NUMBER \_\_\_\_\_

Email \_\_\_\_\_ USTA # \_\_\_\_\_

Shirt size S M L XL XXL circle one NTRP rating \_\_\_\_\_

If no NTRP rating Club rating \_\_\_\_\_ Rated by: \_\_\_\_\_ Date \_\_\_\_\_

Valid for 6 months

**Circle each event you wish to enter. MAXIMUM OF 3 EVENTS**

MEN'S DOUBLES	WOMEN'S DOUBLES	MIXED DOUBLES
2.5	2.5	5.0
3.0	3.0	6.0
3.5	3.5	7.0
4.0	4.0	8.0
4.5& UP	4.5& UP	9.0& UP

**Doubles partner:(print)**

Event: \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Rating: \_\_\_\_\_

Event: \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Rating: \_\_\_\_\_

Event: \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Rating: \_\_\_\_\_

USTA CONFLICTS: Date: \_\_\_\_\_ Time: \_\_\_\_\_ / Date: \_\_\_\_\_ Time: \_\_\_\_\_

**OTHER CONFLICTS** : Date: \_\_\_\_\_ Time: \_\_\_\_\_ / Date: \_\_\_\_\_ Time: \_\_\_\_\_

**AUTHORIZATION FOR USE OF PHOTOGRAPHIC LIKENESS:**

I agree to allow Columbia Association to take and utilize photographic images of the registered individual(s) for the promotion and publicizing of the CA programs and/or other events. If I prefer to not allow the above registered individual(s) to be photographed, I will call 410-720-0149 to register my request.

Signature: \_\_\_\_\_

ENTRY DEADLINE: WEDNESDAY, JULY 14, 2004, 6 PM.

DO NOT WRITE BELOW THIS LINE: FOR CA OR TOURNAMENT DIRECTOR USE ONLY

**INSTRUCTIONS FOR CA EMPLOYEES: RECORD AMOUNT RECEIVED, RECEIPT NUMBER,  
METHOD OF PAYMENT, DATE, AND PRINT YOUR NAME**

Total Paid to Columbia Association: \$ \_\_\_\_\_ Members \$10.00 per event. Non-members \$20.00 per event.

Receipt # \_\_\_\_\_ Method of Payment \_\_\_\_\_ Date: \_\_\_\_\_

Received by: (print name) \_\_\_\_\_ Note: \_\_\_\_\_

