

Battle of the Paddle Smith Mountain Lake

Pickleball Tournament Registration Form

Hosted by Smith Mountain Lake YMCA (5 indoor courts)
293 Firstwatch Dr.
Moneta, VA 24121



\$35 per person (Flat fee includes 1 or 2 events, lunch & snacks)
LIMITED SPACE!

Practice Date: Friday, February 24th from 2pm—6pm

Tournament Dates: February 25th (doubles) & 26th (mixed), 2017

Time: 9:00am—5:00pm

ENTRIES MUST BE RECEIVED NO LATER THAN FEBRUARY, 10TH 2017!

No Refunds!

Social Meet/Dine on Friday, February 24th after practice

Location: TBD

Please RSVP to franknatthelake3@aol.com

Local accommodation information:

Lake Inn (540)721-3383

Westlake Waterfront Inn (540)721-3307

Halesford Harbour Inn (540)297-9000

Holiday Inn Express (Rocky Mount) (540)489-5001

For all Tournament inquiries please
contact Lauren Acker
smly1@franklincountyyymca.org or
(540)721-9622.

Play Schedule

Check in at least 10 minutes before scheduled play time. Doors open at 8:00am. Tourney begins at 9:00am sharp. Players call matches—USAPA Rules Apply—Decisions by Tournament Director are final. Tournament will be open to all adults 21 years and older. Format is best 2/3 games to 11 in main draw and one game to 15 in back draw. Brackets will be determined by number of entries. Tournament divisions will include Men's Doubles, Women's Doubles, Mixed Doubles, Open Division, and Senior Division (50+).

If there is enough interest—a novice bracket will be held for all levels 3.0 and below. A team may consist of 2 women, 2 men, or 1 man and 1 woman.

Director reserves the right to adjust tournament format as needed.

Awards

Medals will be awarded for 1st, 2nd, and 3rd place in each division.

Registration options

In Person: Smith Mountain Lake YMCA prior to February 8th

Mail: RETURN COMPLETED FORM & PAYMENT TO:

SML YMCA

Attn: Pickleball

293 Firstwatch Dr.

Moneta, VA 24121



Please see reverse for registration form.

| | | | |
|---|--|--|-------------------------------|
| LAST NAME: | | FIRST NAME: | |
| EMAIL ADDRESS: | | GENDER: | BIRTHDATE(MM/DD/YYYY): |
| | | | AGE: |
| STREET ADDRESS: | | CITY,ST: | ZIP CODE: |
| | | | |
| PHONE: | | EMERGENCY CONTACT: | EMERGENCY PHONE: |
| | | | |
| DOUBLES PARTNER (REQUIRED): | | MIXED DOUBLES PARTNER (REQUIRED): | |
| | | | |
| SENIORS PARTNER (REQUIRED): | | OPEN PARTNER (REQUIRED): | |
| | | | |
| NOVICE BRACKET PARTNER (IF AVAILABLE): | | | |
| | | | |

Registration Must Be Signed. I know that playing Pickleball is a potentially hazardous activity. I should not participate unless I am medically able and properly trained. I agree to abide by any decision of tournament officials relative to my ability to safely participate. I do hereby for myself, my heirs, executors, administrators and assignees, release and forever discharge the sponsors and all those involved and manning this event, from all claims of any kind arising as a result of my participation in this tournament.

Use Permission. I also give the Battle of the Paddle Pickleball Tournament and its agents and designees permission to use or distribute, without imitation or obligation, my image, name, voice, and any words for any purpose connected with the Tournament, including promotional, marketing, training, informational, and archival uses.

Print Name of Participant: _____

Check—made payable to "SML YMCA" Cash Credit Card Visa MC Discover

Name of Cardholder: _____ **Card Number:** _____ **Expiry Date:** _____

