

**ENTRY DEADLINE**

Entries must be received **NO LATER THAN WEDNESDAY JULY 27, 2011.**

Telephone entries will not be accepted.

All entries must be accompanied by **FULL ENTRY FEE**; otherwise they will not be accepted.

**REGISTER ONLINE**

Visit [www.sctennistournament.org](http://www.sctennistournament.org) to register online.

**PLAYING SCHEDULE ALL EVENTS**

**Saturday, August 6<sup>th</sup> Start 8 AM**

**Sunday, August 7<sup>th</sup> Start 8 AM**

**Saturday, August 13<sup>th</sup> Start 8 AM**

**Sunday, August 14<sup>th</sup> Start 8 AM**

Log on to [www.sctennistournament.org](http://www.sctennistournament.org) on **Aug 4<sup>th</sup>** to confirm first round playing time and court location. Each player is responsible for checking the schedule thereafter.

**COURTS**

**Rodney Street Tennis Courts and neighboring courts. Thirty minute default time. Tennis balls will be provided.**

**RULES**

No refund after July 29, 2011.

Each player is limited to two events:

**(one Singles+one Doubles, one Singles+one Mixed or one Doubles+one Mixed\*)**

**The DRAW will be made Friday, Jul. 29<sup>th</sup>.**

Be sure to include your telephone number and address and your partner's telephone number and address ("TBA" as a partner will not be accepted.) All matches will be 2 of 3 sets, with 12 point tie breaker played at 6-6.

**Senior events** - players must be 45 years old or older.

**Super Seniors events** – players must be 55 years old or older.

**Masters events** - players must be 65 years old or older.

\*Players in two double events may face schedule delays or back to back matches.

**AWARDS**

Trophies will be awarded to finalists and winners.

**NTRP RATING REFERENCE**

Players are requested to play at their Rating reference level or higher.

**Open**

**4.5 Advanced**

**4.0 High Intermediate**

**3.5 Intermediate**

**3.0 Low Intermediate**

**Tournament Host**

Alpha Kappa Alpha Sorority, Inc., Zeta Omega Chapter  
&  
Pearls of Hope Foundation, Inc.

**Tournament Officials**

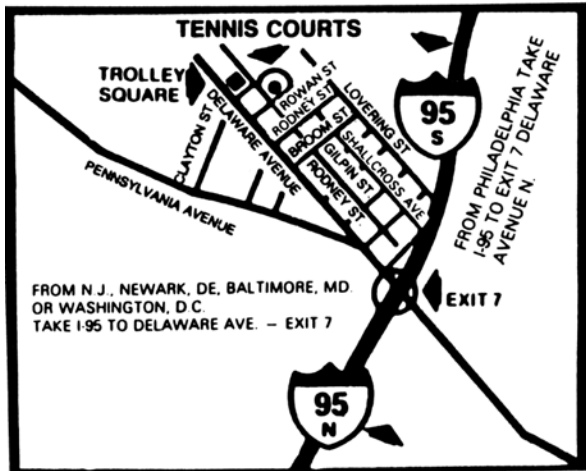
Watson Brown 302-239-4105

Tom Ellis 302-454-1994

James F. Monk, Jr. 302-323-0161

**Tennis Court Locations**

Rodney Courts, 1600 Rowan Street, DE 19806  
Banning Park, MD Ave & Middleboro Rd, Wilm. DE 19804  
Friends School, 101 School RD, Wilm., DE 19803  
A.I. DuPont HS, 50 Hillside Rd., Wilm. DE 19807  
Tower Hill School, 2813 West 17<sup>th</sup> Street, Wilm. DE 19806  
Rockford Park, 2000 Lookout Drive, DE 19806  
(See mapquest, other web, or your GPS for directions)



**ENTRY FORM**

Deadline: Wednesday, July 27, 2011

Singles: \$25.00 Doubles: \$40.00 per team

**EVENT 1 (Circle)**

MEN		RATING REFERENCE								
Singles	Open	4.5	4.0	3.5	3.0	45+	55+	65+		
Doubles	Open	4.5	4.0	3.5	3.0	45+	55+	65+		
WOMEN										
Singles	Open	4.5	4.0	3.5	3.0	45+	55+	65+		
Doubles	Open	4.5	4.0	3.5	3.0	45+	55+	65+		
MIXED										
Doubles	Open	9.0	8.0	7.0	6.0	N/A	N/A	N/A		

Partner's Name \_\_\_\_\_

**EVENT 2 (Circle)**

MEN		RATING REFERENCE								
Singles	Open	4.5	4.0	3.5	3.0	45+	55+	65+		
Doubles	Open	4.5	4.0	3.5	3.0	45+	55+	65+		
WOMEN										
Singles	Open	4.5	4.0	3.5	3.0	45+	55+	65+		
Doubles	Open	4.5	4.0	3.5	3.0	45+	55+	65+		
MIXED										
Doubles	Open	9.0	8.0	7.0	6.0	N/A	N/A	N/A		

Partner's Name \_\_\_\_\_

**Make Checks Payable to:**

**AKA Sickle Cell Tennis Classic**

**Mail to:**

**Sickle Cell Tennis Classic**

P.O. Box 8159

Wilmington, DE 19803

Attention: James F. Monk

In consideration of your accepting this entry, I hereby for myself, my heirs, executors and administrators waive and release any and all rights and claims for damages I may have against Alpha Kappa Alpha Sorority, Inc., Zeta Omega Chapter Pearls of Hope Foundation, Inc., the County of New Castle, their agents, representatives, any individual involved in the administration of the tournament and assigns for any and all injuries suffered by me in said tennis tournament.

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

**PRINT ALL INFORMATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

City,State,Zip \_\_\_\_\_

USTA#(Open & 4.5 Div.) \_\_\_\_\_

Phone No. \_\_\_\_\_

Partner #1 Phone No. \_\_\_\_\_

Partner #2 Phone No. \_\_\_\_\_

E-Mail: \_\_\_\_\_