

2010



ARHS Boosters Tennis presents First Annual McCurdy Tennis Tournament

Compete for personal satisfaction !!

We invite players of both genders, all ages and a wide range of skill levels to come challenge and have fun



This is ARHS first annual tennis tournament . Proceeds will go towards Boosters Tennis to cover supplies, equipment and maintenance of our tennis courts. Portion of the proceeds will also go to American Cancer Society in memory of our beloved coach Jan McCurdy.

When: Sunday, June 13 and Sunday June 20
Entry Deadline: Tuesday, June 8th
Where: ARHS Tennis Courts
Entry Fee: \$10 per person (singles match)
\$15 per Team (doubles match)
Tournament Coordinator Stephanie Hom

Make checks payable to : ARHS Boosters Tennis

Mail registration form to Stephanie Hom
28 Ward Road,
Southborough, MA 01772

You will be notified of your start time by Friday, June 11th

You must be available to play both days at your scheduled time

Rules:

1. Matches will be played at the ARHS Tennis Courts
2. All Players must report to the courts by 9am on Sun. June 13th.
3. Any team arriving later than 9:15am could be defaulted.
4. Players must be available to play when their matches are scheduled.
5. Format for the tournament will be decided after the entry deadline.
6. New balls will be supplied
7. Prizes will be awarded to the winners of each event



Any questions, please email Stephanie Hom at ThawksTennis@gmail.com

Registration form on next page



First Annual McCurdy Tennis Tournament Registration Form

Tournament play is Sunday, June 13th and Sunday, June 20th

Please check the event you would like to play and complete registration information accordingly.

Men's Singles (18+) Mixed Doubles (All ages) Girls Singles (Grades 9-12)
 Women's Singles (18+) Women's Doubles (All ages) Boys Singles (Grades 9-12)
 Men's Doubles (All ages)



ARHS Boosters Tennis

Tennis Tournament

Name _____

Partner Name _____

Address _____

Partner Address _____

Home Phone _____

Partner Home Phone _____

Cell Phone _____

Partner Cell Phone _____

Email Address _____

Partner Email Address _____

Age _____

Age _____

Level of Play for Player 1

Level of Play for Player 2

Beg ___ Adv ___ Int ___

Beg ___ Adv ___ Int ___

I agree not to hold responsible the Algonquin Regional High School or owners of the premises where the tournament is held, or any parties connected with the event for any injury or accident that may occur on or off the tennis courts.

Player Signature _____ Partner Signature _____

Parent/Guardian Signature (player under 18)

Player (1) _____ Player (2) _____

**Make checks payable to : ARHS Boosters Tennis (\$10 /pp singles) (\$15/per doubles team)
and mail to: Stephanie Hom _28 Ward Road_Southborough _MA 01772 no later than June 7.**