



2009 API TENNIS TOURNAMENT



OCTOBER 19th – HOUSTON RACQUET CLUB

Come join the fun while raising money for our endowment scholarships benefiting engineering students. Our one-day, round-robin tournament will have plenty of tennis, food, drinks, prizes and camaraderie.

ELIGIBILITY: Each participant must be an API member. The API membership fee of \$20 is due annually. The financial year is from July 1 to June 30, so if you have not paid your dues since the last tournament, they are due. API sponsors will be given first priority for entry in the tournament.

ENTRY FEE: \$150.00 per player or \$300.00 per team.

REGISTER BY: October 1, 2009

Check-in is from 8:00 a.m. to 9:00 a.m. Play begins at 9:30 a.m. The format will be doubles; we will match all singles.

If you have any questions, call Robert Sage, Tennis Chairman, at (832) 295-0090 or Shannon Nogradi, Registration, at (281) 861-7484.

Payments to the Houston Chapter – API for tennis fees are not deductible as charitable contributions for federal income tax purposes.

PLEASE COMPLETE AND RETURN THIS FORM WITH YOUR PAYMENT

PLAYER 1			PLAYER 2		
Name:	_____		Name:	_____	
Company:	_____		Company:	_____	
Address:	_____		Address:	_____	
City, State & Zip	_____		City, State & Zip	_____	
Telephone:	_____		Telephone:	_____	
Fax:	_____		Fax:	_____	
E-mail:	_____		E-mail:	_____	
Shirt Size:	ADULT S M L XL XXL, XXXL		Shirt Size:	ADULT S M L XL XXL, XXXL	
TENNIS LEVEL	CHAMP A-1 A-2 B C		TENNIS LEVEL	CHAMP A-1 A-2 B C	
ITEM	COST	AMOUNT	ITEM	COST	AMOUNT
Platinum Sponsor*	\$2500	_____	Platinum Sponsor**	N/A	_____
Gold Sponsor**	\$1000	_____	Gold Sponsor*	N/A	_____
Silver Sponsor	\$500	_____	Silver Sponsor	\$500	_____
Door Prize Sponsor	\$100 min	_____	Door Prize Sponsor	\$100 min	_____
Tennis Sponsor	\$100 min	_____	Tennis Sponsor	\$100 min	_____
API Membership	\$ 20	_____	API Membership	\$ 20	_____
Tennis Entry Fee	\$150	_____	Tennis Entry Fee	\$150	_____
	TOTAL	_____		TOTAL	_____
* (Includes 4 player entries)					
** (Includes 2 player entries)					

PLEASE MAKE CHECKS PAYABLE AND MAIL ENTRY FORM TO: Houston Chapter-API, 7170 Cherry Park Dr., Houston, TX 77095

PLEASE CHARGE _____
MY CREDIT CARD Credit Card Number

_____ AMEX VISA MC
Expiration Date

(PRINT Name as it appears on Credit Card)

Cardholder's Signature

LIABILITY AND MEDICAL RELEASE:
I hereby release API, its employees, tournament personnel, volunteers and sponsors of all responsibility in the event of an accident or injury. I also consent to emergency and/or hospital service sought for myself by tournament personnel.

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Signature _____ Date _____

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