



**CITY OF DAYTONA BEACH SHORES
FALL PICKLEBALL TOURNAMENT
OCTOBER 28 & 29, 2016
Amiel Pickleball Courts at McElroy Park**

REGISTRATION FORM

EVENT REGISTRATION DEADLINE: SEPTEMBER 30, 2016 BY NOON!

All players must complete a separate entry form

PLEASE PRINT CLEARLY

LAST NAME _____ FIRST NAME _____ GENDER M / F

EMAIL _____ ADDRESS _____

CITY _____ ST _____ ZIP _____ PHONE _____

EMERGENCY CONTACT _____ PHONE _____

YOUR SKILL LEVEL _____ AGE AS OF DEC 31, 2016 _____ DOB: ___/___/___ SHIRT SZ Men's _____

MEN'S DBLS: SKILL 3.0 3.5 4.0 4.5+ AGE 19-49 50-59 60-69 70+ PARTNER _____

WOMEN'S DBLS: SKILL 3.0 3.5 4.0 4.5+ AGE 19-49 50-59 60-69 70+ PARTNER _____

MIXED DBLS: SKILL 3.0 3.5 4.0 4.5+ AGE 19-49 50-59 60-69 70+ PARTNER _____

REGISTRATION FEE: First Event \$30, includes tournament souvenir, snacks, beverages & lunch. Extra Event, \$5 includes snacks, beverages & lunch. Pre-order guest lunches for \$10 per day, include payment with registration fee.

MEET, GREET & EAT TACO SOCIAL: Thursday, October 27, 2016 6:00 – 8:00 p.m., @ Community Center, East of Courts. \$10.00 per person includes dinner & beverage. You are welcome to bring your own "special" beverages. R.S.V.P. with payment by Tuesday, October 25, 2016.

DROP-OFF/MAIL ENTRY FORM & PAYMENT TO:

Daytona Beach Shores Senior Center
3048 S. Atlantic Avenue
Daytona Beach Shores, FL 32118

Make Checks Payable to D.B.S.S.C.

For more information please call 386-763-7598

Registration Fee: \$30 CASH / CHECK # _____
Extra Event: _____ \$ 5
Extra Lunch Fri: _____ @ \$10 EA = \$ _____
Extra Lunch Sat: _____ @ \$10 EA = \$ _____
Taco Social: _____ @ \$10 EA = \$ _____
T O T A L D U E \$ _____
TOTAL PAID \$ _____ STAFF INITIALS: _____

WAIVER & RELEASE OF LIABILITY

I agree to assume all responsibility for all risk, damage or injury that may occur to me as a participant. I release and discharge for myself, my heirs, executors and administrators of the City of Daytona Beach Shores, its members, employees and sponsors and all persons associated with the Pickleball Tournament from all claims, damages, and rights of action present or future which may arise in connection with my participation in the Pickleball Tournament.

PLAYER PRINTED NAME: _____ PLAYER SIGNATURE: _____

DATE: _____ WITNESS: _____

FOR STAFF USE ONLY	PAYMENT RECEIVED \$ _____	DATE _____	STAFF INITIALS _____
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