<section-header>DR. DEADE &amp; DEADE DOUBLES TENNES TOUCHAE A STURDAY JUNE 18th RAIN DATE SATURDAY JUNE 25th TO BENEFIT THE TENNIS SCHOLARSHIP FUND SPONSORED BY DURHAM RECREATION A DEN TO ADULTS &amp; HIGH SCHOOL STUDENTS MIXED, MENS AND WOMENS DOUBLES Place: District 13 Tennis High School Courts &amp; Allyn Brook Park USAN DEADER DURHAM TOWNENS DOUBLES Place: District 13 Tennis High School Courts &amp; Allyn Brook Park USAN DURHAN RECREATION P. BASE FILL OUT AND SEND IN TO: DURHAM RECREATION P. BASE FILL OUT AND SEND IN TO: DURHAM TO 6422 DU MAY DROP OFF AT DURHAM TOWN HALL CLERKS OFFICE TOURNEY DIRECTOR: KAREN KEAN (860-349-8484) DIR REGISTRATION FORM PER PLAYER</section-header>		
	LIMITED ENROLL	MENT!
Amount of check	Check number	Make check out to Durham Recreation
<u>MUST BE RECEIVED BY JUNE 8TH</u> <u>PLAYER'S NAME PLEASE PRINT CLEARLY!</u>		
LAST NAME	FIRST NAME	SHIRT SIZE
PARTNER PLAYER: LAST NAMEFIRST NAME		
PLEASE CHECK TEAM SKILL LEVEL:ADVANCEINTERMEDIATE ADVANCEINTERMEDIATE BEGINNER		
ADDRESS		REGISTRATION 8:00AM - 8:30AM
TOWN	ZIP	TOURNAMENT STARTS 9:00AM MUST HAVE YOUR OWN RACQUET
CELL #		NEW BALLS PROVIDED <mark>FIRST ROUND 8 GAME PRO SET</mark>
E-Mail		TROPHIES
EMERGENCY CONTACT		AND MOKE:
PHONE#Please list any medical problems concernin  I hereby give permission for the above Pers by the Durham Recreation Department. I c medications that the program personnel sho	g you. Including allergies or me son to participate in the Durham ertify that I /he/she are in good puld be aware. I further authorized	edications: A Recreation TENNIS TOURNEY. Programs are sponsored health. I have listed above any allergies, conditions and or ze the Durham Recreation staff to act for me according to of injury I understand that I am responsible for all financial
Signature		Date