



Toledo Pickleball Glass City Invitational

JUNE 21, 22, 23, 2019



- ☺ Women’s Doubles & Men’s Singles: (Fri-6/21)
- ☺ Mixed Doubles: (Sat-6/22)
- ☺ Men’s Doubles & Women’s Singles: (Sun-6/23)
- ☺ Double Elimination | USAPA Rules Apply
- ☺ M, W, Mxd Doubles Skill Levels: 3.0; 3.5; 4.0; 4.5; 5.0 or
- ☺ M, W, Mxd Doubles Age 50+*: 3.5 & Below; 4.0 & Above
- ☺ Men’s Singles Skill Levels: 3.5 & Below; 4.0 & Above | Women’s Singles
- ☺ LOCATION: Toledo Pickleball Courts, (Just north of the US Post Office, 313 Glenwood Rd, Rossford, OH)
- ☺ USAPA Tier 4 Sanctioned Event, All Players must be current USAPA members to participate.

REGISTRATION FEE: \$30.00 (plus, \$10 for each doubles & singles events)—non-refundable, includes dri-fit shirt, water, snacks. (Register online at www.pickleballtournaments.com.)

Registration Begins: 2/1/19 | Deadline: Checks must be postmarked & mailed by 6/14/19.

Tournament Schedule: Registration Begins at 7:00 am, Play Begins at 8:00 am

Draws may be limited. Official Tournament Ball: Dura Fast 40 (yellow, outdoors).

With inclement weather, matches may be held indoors. Official Tournament Ball: Onix Fuse Ball (yellow, indoors).

* NEW: Players may play in either the skill level doubles or the age 50+ doubles events, but not in both of them.

Tournament Director: Connie Mierzejewski, 419-509-3023, bucksrgr8r@aol.com

Assistant Tournament Director: Charlie McKnight, 419-215-1310, ctmcknight@aol.com

(...clip here...)

Register online at www.pickleballtournaments.com or make checks payable to **Toledo Pickleball Club**, (\$30 registration fee, \$10 for each doubles and singles event.), then clip this entry form and mail it with the check (by June 14th) to:

Toledo Pickleball Glass City Invitational, c/o Connie Mierzejewski, 228 Hillsdale Ave., Rossford, OH 43460

PLEASE COMPLETE THE ENTRY FORM BELOW & PLEASE PRINT CLEARLY

Name: _____ USAPA #: _____ Dri-Fit Shirt Size (circle): S M L XL XXL XXXL

Address: _____

City/State/Zip: _____ Cell Phone: _____

Email: _____ Gender*: M ___ F ___ DOB*: _____ Age*: _____

Singles*: ___ UTPR*: ___ | Doubles*: Skill ___ or Age 50+ ___ UTPR*: ___ | Mixed Doubles*: ___ UTPR*: ___

Doubles Partner’s Name*: _____

Doubles Partner’s UTPR Level*: _____

Mixed Doubles Partner’s Name*: _____

Mixed Doubles Partner’s UTPR Level*: _____

Emergency Contact: _____

EC Phone #: _____

* (Please indicate your USAPA #, your gender, your DOB & your age, the event(s) you are playing in, your UTPR, your doubles partner’s name(s) and UTPR(s) in the spaces above.)

PLEASE SIGN, DATE & RETURN THE WAIVER RELEASE FORM ON THE BACK OF THIS FORM