



# Community Hospital Anderson

# TENNIS

# Classic

## 39<sup>th</sup> Annual Open Tennis Classic

June 9 - 17, 2018

Anderson University

Entry deadline: May 24, 2018

### Tournament contact information

*Phone:* 317-385-3250

*E-mail:* chatennis@gmail.com

*Web:* chatennisclassic.com

*Director:* John Rhodes

*Administrator:* Zach Howe & Katie Urbanski

### *Advisory/Work Group:*

Bryant Beard

Erynn Erwin

Blair Lynch

Carl Bowen

Ben Graham

Emma Meyer

Jim Dixon

Sharon Hackney

Jini Morgan

Jerry Elam

Jeff Howe

Dennis Poe

Larry Ervin

Donilyn Keesling

Voss Purkey

- Maximum of four entries per person. No exceptions.
- Tournament adheres to modified USTA rules (available online at chatennisclassic.com) and is recognized as a USTA event.
- **All players must be available to play opening weekend (June 9-10).**
- **Matches must be played at scheduled times. Rescheduling will be kept to a minimum. Penalty points/forfeitures will be strictly enforced for tardiness. Work conflicts and emergency situations are carefully considered. Please attach a separate page detailing any known work, school or USTA obligations.**
- Matches begin at 5:30 p.m. Monday through Friday, 9 a.m. Saturday, and 1 p.m. on Sunday.
- Junior events may be scheduled as early as 1 p.m., Monday through Friday.
- Consolation matches for all players/teams, depending on tournament conditions.
- In the main draw, a 10 point super tiebreaker will be played in lieu of a third set, with exception to final matches. (Not in the consolation draw).
- Unless scheduled otherwise, all matches are played at Anderson University. In the event of rain, matches will be played at the YMCA of Muncie.
- It is the player's responsibility to check playing time. The draw will be posted on chatennisclassic.com by June 5. If you do not have access to the Internet, please call the tournament phone at 317-385-3250.
- Players must furnish a new canister of USTA-approved balls for each match. For your convenience, balls will be available for purchase throughout the tournament. Winner receives unopened can.
- Complimentary water from Meijer is provided for each match.
- The committee reserves the right to combine divisions, relegate players and make adjustments as the tournament warrants.

**The Community Hospital Anderson Tennis Classic gives back! In 2017, we donated \$2,600 to area high school tennis programs as well as \$500 in indoor tennis scholarships.**

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

High school (if applicable): \_\_\_\_\_

\*USTA member: Yes No Rating: \_\_\_\_\_

Daytime phone: \_\_\_\_\_

Evening phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Text: Yes No

Your t-shirt size (circle one): S M L XL 2XL



Community Hospital Anderson

# TENNIS Classic

### Entry Fee:

**Discounted fee for early registration!**

**Singles** - \$20 before 5/18, \$25 after 5/18

**Doubles** - \$30/team before 5/18, \$35 after 5/18

**Maximum of four entries per person**

*\*USTA membership not required to participate.*

Father / Son doubles

Father / Daughter doubles

Century doubles

Mother / Son doubles

Mother / Daughter doubles

	<i>Singles</i>		<i>Doubles</i>		<i>Mixed</i>
A (open to everyone)	<input type="checkbox"/> M	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> W	<input type="checkbox"/>
10 & under (mini tennis)	<input type="checkbox"/>				
12 & under	<input type="checkbox"/> B	<input type="checkbox"/> G			
14 & under	<input type="checkbox"/> B	<input type="checkbox"/> G	<input type="checkbox"/> B	<input type="checkbox"/> G	
JV	<input type="checkbox"/> B	<input type="checkbox"/> G	<input type="checkbox"/> B	<input type="checkbox"/> G	<input type="checkbox"/>
Varsity	<input type="checkbox"/> B	<input type="checkbox"/> G	<input type="checkbox"/> B	<input type="checkbox"/> G	<input type="checkbox"/>
Over 35	<input type="checkbox"/> M	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> W	<input type="checkbox"/>
Over 45	<input type="checkbox"/> M	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> W	<input type="checkbox"/>
Over 55	<input type="checkbox"/> M	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> W	<input type="checkbox"/>
Over 65	<input type="checkbox"/> M	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> W	<input type="checkbox"/>

The following divisions are for adults 19 or over

B (4.0 or below)	<input type="checkbox"/> M	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> W	<input type="checkbox"/>
C (3.5 or below)	<input type="checkbox"/> M	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> W	<input type="checkbox"/>
D (3.0 or below)	<input type="checkbox"/> M	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> W	<input type="checkbox"/>

Entry fee in full must accompany this form.

Make checks payable to Community Hospital Anderson Tennis Classic (CHATC) and mail to: **P.O. Box 792, Anderson, IN 46015**

**Help us make the tournament smooth and enjoyable for everyone! Do you have any known work, school or USTA obligations?**

**Please attach a separate page detailing any of these prior commitments.**

Enclosed payment for		Please submit your doubles partner's information below (if applicable) and indicate if you are including his or her payment at this time.					
Self	Doubles Partner	Partner's name	Partner's date of birth	Partner's phone	Partner's High School	Partner's t-shirt size ( S M L XL 2X)	Event
<input checked="" type="checkbox"/>							Women's A singles
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	John Doe	1/1/1970	555-555-5555	N/A	XL	Mixed A doubles
						Total amount enclosed:	