



Community Hospital Anderson

TENNIS Classic



40th Annual Open Tennis Classic

June 8 – 16, 2019

Anderson University

Entry Deadline: May 25, 2019

Tournament Contact Information

Phone: 765-810-5418

Web: chatennisclassic.com

Director: John Rhodes

Administrator: Katie Urbanski

Advisory/ Work Group:

Bryant Beard

Carl Bowen

Jim Dixon

Jerry Elam

Larry Ervin

Zach Howe

Erynn Erwin

Ben Graham

Sharon Hackney

Jeff Howe

Donilyn Keesling

Blair Lynch

Emma Meyer

Dennis Poe

Voss Purkey

Amy Urbanski

- 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 8-9).
- **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-Friday, 9 a.m. Saturday, and 1 p.m. on Sunday.
- Junior events may be scheduled as early as 1 p.m., Monday-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 6. If you do not have access to the Internet, please call the tournament phone at 765-810-5418.
- 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.
- 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 2018, we donated \$2,700 to area high school tennis programs as well as \$500 in indoor tennis scholarships.

PLEASE FILL OUT FORM COMPLETELY

Name: _____

Date of Birth: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

High School (if applicable): _____

*USTA Member: Yes No Rating: _____

Daytime Phone: _____

Cell Phone: _____

Email: _____

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

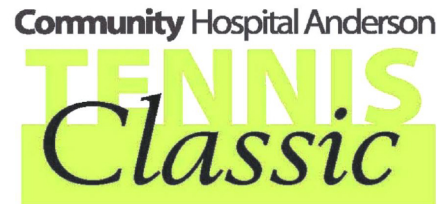
☐ Father/ Son Doubles

☐ Father/ Daughter Doubles

☐ Century Doubles

☐ Mother/ Son Doubles

☐ Mother/ Daughter Doubles



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*

	<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	Event
Ex: ✓	✓	John Doe	1/1/1970	555-555-5555	N/A	XL	Mixed Doubles

Amount Enclosed \$ _____ Cash Check