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| Name: …………………………………………………………….……….……………………………………….Date of Birth: dd/mm/yyyy …………………..…………..…… Sex: Male: …………. Female: ………….Address: ………………………………………………………………….….…………………………………… Home Phone: ………..…………… Work Phone: ………..…………… Cell: …………..…………E-mail: …………………………………………………………….……………………………………………….***Tick appropriate division:***

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| --- | --- | --- |
| **OPEN** | **MEN’S/LADIES’**  | **MIXED DOUBLES** |
| **SINGLES:** |  |  |
| **DOUBLES:*****Partner’s Name*** |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SENIORS/SUPER SENIORS** | **MEN’S/LADIES’****35 & OVER** | **MEN’S/LADIES’****45 & OVER** | **MEN’S****55 & OVER** | **MEN’S****65 & OVER** |  |
| **SINGLES:** |  |  |  |  |  |
| **DOUBLES:*****Partner’s Name*** |  |  |  |  |  |

**ENTRY FEES: CASH: …………..………..CHEQUE: #……………………………..PAYABLE TO BTA $ 60.00 / $50.00…..……………****IF A JUNIOR, I CONFIRM I PAID MY ENTRY FEE OF $50 TO PLAY THE 2018 SOL JUNIOR NATIONALS - YES/NO****I ALSO CONFIRM I AM A FINANCIAL MEMBER OF THE BARBADOS TENNIS ASSOCIATION IF PLAYING IN THE** **OPEN DIVISION – YES/NO**I agree to abide by the rules of the tournament and the decisions of the tournament officials. I also agree that the BTA, its employees, agents,the tournament sponsors, officials and organizers shall NOT be liable for any injury, loss or damage however caused which I may incur as a result of my participation in the tournament or my presence at the National Tennis Centre during the tournament. I hereby release the above parties from any and all such liability.……………………………………………… ……………………………………………… ………………………….*Signature of Player Signature of Parent Guardian, U18 Player Date* |  |
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