

# Cypress Cove Charity Tennis Tournament 2009 Registration Form

Office use only:

Event: \_\_\_\_\_ Tkt #'s: \_\_\_\_\_

(Please fill out ALL sections of this form prior to submitting)

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ E-Mail: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Club Affiliation: \_\_\_\_\_

Rating (Circle one): A B C	Age: _____	Male _____	Female _____
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## Check Events Entering, Either Senior or Open

Date	Event	Events Entering	Partner (Age)
Jan. 28 & 29	Senior Men's Doubles (50-64 Yrs.)	Yes ___ No ___	_____
Jan. 28 & 29	Senior Ladies Doubles (50-64 Yrs.)	Yes ___ No ___	_____
Jan. 28 & 29	Super Senior Men's Doubles (65-74)	Yes ___ No ___	_____
Jan. 28 & 29	Super Senior Ladies Doubles (65-74)	Yes ___ No ___	_____
Jan. 28 & 29 Super	Super Senior Ladies Doubles (75+ Yrs.)	Yes ___ No ___	_____
Jan. 28 & 29 Super	Super Senior Men's Doubles (75+ Yrs.)	Yes ___ No ___	_____
Jan. 28 & 29	Open Doubles Men (no age restriction)	Yes ___ No ___	_____
Jan. 28 & 29	Open Doubles Ladies (no age restriction)	Yes ___ No ___	_____
Jan31&Feb 1	Senior Mixed Doubles (50-64 Yrs.)	Yes ___ No ___	_____
Jan31&Feb 1	Super Senior Mixed Doubles (65-74)	Yes ___ No ___	_____
Jan31&Feb 1 Super	Super Senior Mixed Doubles (75+ Yrs.)	Yes ___ No ___	_____
Jan31& Feb 1	Mixed Open Doubles (no age restriction)	Yes ___ No ___	_____

**Attention: Be Sure Your Tennis Partner Completes a Tennis Registration Form**

## Fees and Mailing Instructions

Banquet dinner at the Lakeside Restaurant January 31, 2009. Tickets \$16.00 includes Tax & Gratuity.

Cocktails at 6:00 PM - Cash Bar Dinner at 6:30 PM Yes \_\_\_ # \_\_\_ No \_\_\_

A CD of pictures from the event is available for \$10 Yes \_\_\_ No \_\_\_

Item:	Qty:	Total	Payment method: <input type="checkbox"/> Check <input type="checkbox"/> Credit Card
Tournament Event	1	\$15.00	<input type="checkbox"/> Master Card <input type="checkbox"/> Visa Card
Dinner	___ @\$16.00	\$ ___	<input type="checkbox"/> Discover Card <input type="checkbox"/> American Express
Tournament CD	___ @\$10.00	\$ ___	Credit Card # _____
Total to be charged on Credit Card		\$ ___	Exp. Date: _____ Sec# _____

You may fax your entry form with a credit card number to: 407-933-3559 or

email: [marilyn@cypresscoveresort.com](mailto:marilyn@cypresscoveresort.com) or

mail to: Cypress Cove Nudist Resort & Spa, 4425 Pleasant Hill Rd., Kissimmee, FL 34746 Att: Melissa

**Deadline for all registration forms is Friday, January 23, 2009**