



**2010 Bud Light Charity Challenge Tennis Tournament**  
**September 10 and 11, 2010**  
**Roger Scott Tennis Center**

**Registration Deadline is September 3, 2010**

The Bud Light Charity Challenge Tennis Tournament is limited to the first 60 men's teams and the first 60 women's teams.

**Player's Name:** \_\_\_\_\_ Age: \_\_\_\_ Circle one: Male or Female Phone number: (\_\_\_\_) \_\_\_\_\_

Street address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ E-mail: \_\_\_\_\_ USTA Rating: \_\_\_\_\_ GPLTL Flight: \_\_\_\_\_ T-Shirt Size: S M L XL XXL  
 (circle one)

**Player's Partner Name:** \_\_\_\_\_ Age: \_\_\_\_ Circle one: Male or Female Phone number: (\_\_\_\_) \_\_\_\_\_

Street address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ E-mail: \_\_\_\_\_ USTA Rating: \_\_\_\_\_ GPLTL Flight: \_\_\_\_\_ T-Shirt Size: S M L XL XXL  
 (circle one)

Do you need a specific start time on Friday? \_\_\_\_ yes \_\_\_\_ no If so, \_\_\_\_ 3:00, \_\_\_\_ 4:00, or \_\_\_\_ 5:00

\$150 entry fee per team (\$70 per player who is a PSA member) \_\_\_\_\_

Friday dinner and beverages: \$10	# of passes _____ X \$10 = _____
Saturday breakfast, lunch, dinner and beverages: \$20	# of passes _____ X \$20 = _____
Guest party pass for both Friday and Saturday: \$25	# of passes _____ X \$25 = _____

**Total (Entry Fee plus Party Pass(es)) = \$ \_\_\_\_\_**

Payment Method: VISA / MC # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

- *Make checks payable to: Pensacola Sports Association (PSA)*
- *Acceptance of registration is at the discretion of the Pensacola Sports Association.*
  - *Entry fee is non-refundable*

**RELEASE.....ALL PARTICPANTS MUST SIGN RELEASE**

In consideration for participation in the Bud Light Charity Challenge 2010, I hereby for myself and my personal representatives, waive and release any and all claims and rights for damages I may have against the organizers, sponsors, officials, and contributors of Pensacola Sports Association, The Bud Light Charity Challenge committee and any of its subsidiaries and affiliates, Roger Scott Tennis Center, The Lewis Bear Company, ARC Gateway and their representatives, successors, and assigns, for all and any illnesses, injuries suffered by me as a result of my participation in said event.

I attest and verify that I am physically fit, and have sufficiently trained for completion of this event, and that a licensed medical doctor has certified my physical condition. Further, I hereby grant full permission to any and all forgoing to use my name, photographs, videotapes, motion pictures, recording, or any other record of the event for any purpose whatsoever without change.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Partner's Signature \_\_\_\_\_ Date \_\_\_\_\_