

# ADULT TENNIS – MIXED DOUBLES TOURNAMENT – 2016 (ages 14 - Adults)



**MILLBURN TOWNSHIP RESIDENTS ONLY!**

**FRIDAY AND SATURDAY PLAY AT TAYLOR & GERO PARKS OR SLAYTON FIELD COURTS**

**Friday, SEPTEMBER 30<sup>TH</sup> & Saturday, OCTOBER 1<sup>ST</sup>**

**(if necessary) Friday, OCTOBER 7<sup>TH</sup> & Saturday, OCTOBER 8<sup>TH</sup>**

Matches will be scheduled Friday night and Saturday at Taylor & Gero Parks or Slayton Field Courts. Matches will be played at or before assigned times – weather permitting. Players will be contacted by Wednesday before tournament as to their playing times and court location. \*Youth 14 and under must be exceptional players and have permission from the Recreation Department to enter this tournament. Tournament will be **Best 2 out of 3 sets – with 12 point tie breaker.**

**PLEASE REMEMBER:** In a weekend tournament, you may have to play two (2) matches per day! Sign up only if you can play on scheduled weekends – cancellations are inconvenient for everyone!

## REGISTRATION DEADLINE FOR Doubles – Friday, September 2<sup>nd</sup>

**REGISTER ONLINE** - For Online Recreation Registration [Click Here](#) or go to <http://register.communitypass.net/millburn> You will be able to register for the adult singles tennis tournament on-line. Please print registration form and keep for your information. You may choose to mail in your registration form to the Millburn Recreation Department, 375 Millburn Avenue, Millburn, NJ 07041. **Tournament is free to all Millburn Residents.**

Your registration must be received by **Friday, September 2<sup>nd</sup> deadline.** Registrations received after the deadline of September 2<sup>nd</sup> will be placed on a waiting list with no guarantee of program participation.

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## ADULT MIXED DOUBLES TENNIS TOURNAMENT REGISTRATION FORM - 2016

**PLAYER #1 NAME** \_\_\_\_\_ HOME PHONE \_\_\_\_\_ (MUST BE FILLED IN)

E-MAIL ADDRESS \_\_\_\_\_ CELL PHONE \_\_\_\_\_ (MUST BE FILLED IN)

HOME ADDRESS \_\_\_\_\_ MILLBURN  SHORT HILLS

AGE as of 9/30/2016 \_\_\_\_\_ Male  Female

**PLAYER #2 NAME** \_\_\_\_\_ HOME PHONE \_\_\_\_\_ (MUST BE FILLED IN)

E-MAIL ADDRESS \_\_\_\_\_ CELL PHONE \_\_\_\_\_ (MUST BE FILLED IN)

HOME ADDRESS \_\_\_\_\_ MILLBURN  SHORT HILLS

AGE as of 9/30/2016 \_\_\_\_\_ Male  Female

Parent's signature if 17 years of age or under \_\_\_\_\_ (Parent/Guardian signature) \_\_\_\_\_ Date

Does your child have any health conditions we should know about? Write NA if no conditions exist.

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