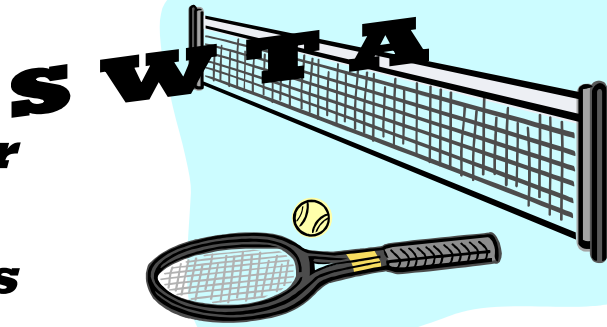


**You are Invited to the  
Fourth Annual  
Chilly/Chili Tournament**

**Roger  
Scott  
Tennis  
Center**



**Scott  
Women's  
Tennis  
Association**

**Saturday, February 11, 2012**

**9:00 Start Time**



**Tournament Location:** Roger Scott Tennis Center

**Tournament Type:** Women's Doubles

**Tournament Format:** Round Robin

**Tournament Entry Fee:**

- \$10 for members of Scott Women's Tennis Association
- \$25 for non-members (which includes your membership!)

**Tournament Fee Includes:**

- Saturday lunch (Chili with all of the fixin's, what else?)
- Unlimited snacks and drinks during the tournament

**Prizes For:** Bracket winners

**Tournament Size:** Limited to 20 teams (hard courts!)

**Registration:** Begins January 4th at front desk of Roger Scott Tennis Center

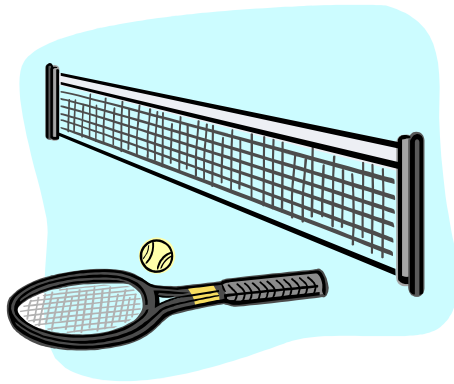


**The Weather May Be Chilly,  
but the Chili will be hot!!!!**

For office use only: Date received \_\_\_\_\_ Time received \_\_\_\_\_ Amount paid: \_\_\_\_\_ Cash/Check \_\_\_\_\_

**S W T A**

**Roger  
Scott  
Tennis  
Center**



**Scott  
Women's  
Tennis  
Association**



**Chilly/Chili Tournament  
February 11, 2012**

Name \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Street/Mailing Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_ Birthdate(Month/Day) \_\_/\_\_\_\_  
**\*Each player must submit an entry form - No player substitutions after third match\***  
 Doubles Partner \_\_\_\_\_  
 Your USTA Rating: \_\_\_\_\_ Your GPLTL flight: \_\_\_\_\_

<b>Non-refundable Entry Fee for SWTA members</b>	<b>\$10.00</b>
<b>Non-refundable Entry Fee for non-SWTA members (includes membership)</b>	<b>or \$ 25.00</b>
<b>Total Payment.....</b>	<b>\$</b>

**The Fine Print:** In consideration of your acceptance of my entry, I intend to be legally bound for heirs, my executors, administrators, and myself and hereby discharge the City of Pensacola, Bruce Catton Tennis, Scott Women's Tennis Association and all administrators for such entities for any liability arising from illness, injuries, and damages as a result of my participation in this event. I attest and verify that I am physically fit and fully able to participate in this event. I further grant full permission to any and all foregoing to use photographs, video tapes, or recordings, or any other record of this event for any purpose. My signature also signifies that I have read and understand the rules regarding the entry fee.

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

Print name \_\_\_\_\_