

**Pasadena Adult Winter Open  
December 9-11, 2011**

**Headquarters:** Strawberry Tennis Center, 1202 Parkside, Pasadena 77502

**Events:** M&W Open S&D  
M3.0S&D; M3.5S&D; M4.0S&D; M4.5S&D; M5.0S&D  
W3.0S&D; W3.5S&D; W4.0S&D; W4.5S&D; W5.0S&D  
MXD; MXD3.0; MXD3.5; MXD4.0; MXD4.5

**Event Limit:** 2 events

**Entry Fee** \$25.00/singles      Make check payable to John Mullins  
\$40.00/doubles team

**Deadline:** November 26, 2011

**Schedule of Play:** Some singles may start Friday, Dec 9 at 5:00 pm;  
others start Saturday, Dec. 10 at 8:00 am

**Mail Entries:** John Mullins, 4611 Merion Circle, Pasadena, Texas 77505

**Registration On-Line:** [www.usta.com](http://www.usta.com)

**Note:** Draws will be posted on [www.usta.com](http://www.usta.com) by Dec. 6. Events will not be held if fewer than 3 entries. Indicate on entry if you will not play in a combined division. No refunds after draws are made or for weather related cancellation. Doubles entries will not be placed on draw unless both partners enter. Consolation offered in singles and doubles. Suggested motels: Courtyard by Marriott (Hoby Airport); Super 8 (Pasadena), LaQuinta (Pasadena), Holiday Inn (Pasadena)

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**Pasadena Adult Winter Open Entry**

**Name:** \_\_\_\_\_ **Birth date:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Home Phone:**(    ) \_\_\_\_\_ - \_\_\_\_\_ **Work Phone:**(    ) \_\_\_\_\_ - \_\_\_\_\_ **Cell Phone:**(    ) \_\_\_\_\_ - \_\_\_\_\_

**USTA#** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_

**Event Entered (Circle One)**      MS M3.0S M3.5S M4.0S M4.5S M5.0S      \_\_\_\_\_ Will play in combined event  
MD M3.0D M3.5D M4.0D M4.5D  
WS W3.0S W3.5S W4.0S W4.5S      \_\_\_\_\_ Will not play in combined event  
WD W3.0D W3.5D W4.0D W4.5D  
MXD MXD3.0 MXD3.5 MXD4.0 MXD4.5

**Doubles Partner** \_\_\_\_\_

**Medical Release:** I hereby consent to emergency medical or hospital services that may be rendered by or at accredited hospitals, by appointed physicians, need arises in the opinion of a duly licensed physician.

**Wavier and Indemnity Agreement:** Acceptance of my entry in these events is without responsibility of any kind by the USTA Texas Section (TX section) and any other entity sponsoring the event. I do hereby for and on behalf of myself and my heirs and legal representatives Release and forever discharge the TX Section, its officers and representatives, from any and all claims, demands, and injuries, however arising, whether caused by the negligent or intentional acts of the TX Section and its representatives, representatives of other sponsoring entities, or by third parties, which may be in any way related to activities during the tournament and any period traveling to or from the events described, and all such claims are hereby WAIVED AND RELEASED, and not to sue thereof. The parent or guardian, by signing below, does hereby agree to IDEMNIFY and hold harmless the TX Section and its representatives at sponsoring entities from any liability which they may incur to the entrant, however arising and whether caused by the negligent or intentional acts of the Section, its representatives, or the sponsoring body. I HAVE READ AND UNDERSTAND THE FOREGOING RELEASE AND INDEMNITY AGREEMENT.

**Signature of Entrant** \_\_\_\_\_