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| Name: …………………………………………………………….……….……………………………………….  Date of Birth: dd/mm/yyyy …………………..…………..…… Sex: Male: …………. Female: ………….  Address: ………………………………………………………………….….……………………………………  Home Phone: ………..…………… Work Phone: ………..…………… Cell: …………..…………  E-mail: …………………………………………………………….……………………………………………….  ***Tick appropriate division:***   |  |  |  | | --- | --- | --- | | **OPEN** | **MEN’S/LADIES’** | **MIXED DOUBLES** | | **SINGLES:** |  |  | | **DOUBLES:**  ***Partner’s Name*** |  |  | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **MASTERS** | **MEN’S/LADIES’**  **35 & OVER** | **MEN’S/LADIES’**  **45 & OVER** | **MEN’S**  **55 & OVER** | **MEN’S**  **65 & OVER** | | **SINGLES:** |  |  |  |  | | **DOUBLES:**  ***Partner’s Name*** |  |  |  |  |   **FEE STRUCTURE**  **Open or Masters - $60.00**  **Open & Masters - $75.00**  **Juniors & Open (extra fee) - $25.00**  **One doubles event only - $40.00**  **ENTRY FEE: ENTER AMOUNT DUE $………………….**  **TICK for CASH:…..…….. OR CHEQUE: #……………………………..PAYABLE TO Barbados Tennis Association**  **I CONFIRM I AM A FINANCIAL MEMBER OF THE BARBADOS TENNIS ASSOCIATION IF PLAYING IN THE**  **SOL NATIONALS – YES/NO**  **IF A JUNIOR, I ALSO CONFIRM I PAID MY ENTRY FEE OF $50 TO PLAY THE 2019 SOL JUNIOR NATIONALS - YES/NO**  I agree to abide by the rules of the tournament and the decisions of the tournament officials. I also agree that the BTA, its employees, agents,  the tournament sponsors, officials and organizers shall NOT be liable for any injury, loss or damage however caused which I may incur as a  result of my participation in the tournament or my presence at the National Tennis Centre during the tournament.  I hereby release the above parties from any and all such liability  .……………………………………………… ……………………………………………… ………………………….  *Signature of Player Signature of Parent Guardian, U18 Player Date* | |  |