

THE NORTHERN VIRGINIA TABLE TENNIS CLUB

Fall 2011 OPEN TOURNAMENT

November 5, 2011

Location: Madison Center
3829 N. Stafford St., Arlington, VA

Date: November 5, 2011 (Saturday)
Time: 10:00am- 4:00pm

Intermediate: Sat. 5th 10:00am
Advanced: Sat. 5th 1:00pm

Fee: \$12 per person per event
\$15 non-members* per event
Cash or checks accepted.
Make checks payable to:
Northern Virginia Table Tennis Club



For Tournament Information contact:

Tom Norwood (President NVTTC)
(703) 847-5627
Fred Siskind (Vice President NVTTC)
(703) 734-0615
John Papp (Secretary NVTTC)
(703) 794-9338
Mike McCormick (Treasurer NVTTC)
540-675-1233

Tournament Format: All events are round robin followed by single elimination. Director reserves the right to modify or cancel events if there are insufficient entries- if so players will be notified the night before the event starting time. Players who arrive 15 minutes after his/her event start time will be defaulted without refunds. Prizes will be awarded for the champion and runner-up in each division. Semifinals and final are best 3 out of 5. All other matches are best 2 out of 3.

Entry Deadline: Entry must be received by **October 28th 2011**. Entries received late will be accepted with a \$5 late fee or will be rejected based on available space.

Check-in: Starts at 9:00am on Nov 5th 2011. Participants are required to check in 30 minutes prior to their first event.

Equipment: 4 Joola tables and Nittaku Premium Orange 40mm 3-star balls.

Website: www.nvttc.org

NVTTC Fall Tournament Registration Form:
Nov. 5th, 2011

Deadline: Friday October 26, 2011

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: ____/____/____ Gender: Male/Female

Phone: (____) _____ - _____

E-mail: _____

By entering this tournament, I hereby release the sponsors, directors and any individual or corporate body directly or remotely connected with this tournament from any and all actions, claims and demands resulting from loss, damage, or injuries sustained to persons or property. I will abide by the USATT regulations and NVTTC policies.

Please mail the completed form with payment to:
900 Helga Place
McLean, VA 22102

Please check event:

Total Entry Fee: \$ _____
Intermediate _____
Advanced _____

*NVTTC Membership: \$ _____

Grand Total: \$ _____

Make Check Payable to NVTTC
Return checks will be charged a \$25 fee.

Signature (Parents must sign for minor) _____ Date

*NVTTC Membership is \$60, but is not required to participate in the tournament.