



Metropolitan Racquet Club

2019 API Tennis Tournament – October 21, 2019

ELIGIBILITY: Mandatory \$25 API Membership **ENTRY FEE:** \$150.00 per player **REGISTER BY:** October 1, 2019

Check-in is from 8 a.m. to 9 a.m. Play begins at 9:30 a.m. The format will be doubles; we will match players without a partner. If you have questions, call Michael Sorrentino, Tennis Chairman, at (713) 201-4457 or Shannon Nogradi, Registration, at (281) 492-6000.

PLAYER INFORMATION

PLEASE COMPLETE THIS FORM IN ITS ENTIRETY AND RETURN WITH YOUR PAYMENT (One form per player)

Player Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-mail: _____

Tennis Rank (circle one): CHAMP A-1 A-2 B C Print Partner's Name: _____

SPONSORS: Sponsors are a welcome and essential part of making this event a success. In recognition of their support, sponsors will be identified with special signage and privileges. 100% of the net proceeds raised by the tournament will be applied toward scholarships for the Society of Petroleum Engineers Gulf Coast Section College Scholarship Fund. All sponsors will have their company name on the tournament sponsor board and recognized in the tournament program according to sponsorship levels. Separate entry forms are required for each player and **all players must be members of API.**

Check all that apply:

- Platinum Sponsor*.....\$2500
- Gold Sponsor**.....\$1000
- Silver Sponsor.....\$500
- Door Prize Sponsor.....\$100 (minimum)
- API Membership (Required).....\$25
- Tennis Entry Fee.....\$150
- Tennis Partner Entry Fee.....\$150
- Partner paid Entry Fee.....\$0

Total: _____

Sponsoring Company _____
(if being sponsored):

*includes 4 player entries **includes 2 player entries

Tennis fees are not deductible as charitable contributions for federal income tax purposes.

Payment Information

Method of Payment:

AMEX VISA MC Check

CC #: _____

Expiration Date: _____

PRINT Name as it appears on Card: _____

Cardholder's

Signature: _____

Amount Enclosed/Amount to Charge: \$ _____

PLEASE MAKE CHECKS PAYABLE / MAIL ENTRY FORM TO: Houston Chapter-API, P.O. Box 219276, Houston, TX 77218

Forms may also be emailed with info below to:

API@APIHouston.org

LIABILITY AND MEDICAL RELEASE: I hereby release API, its employees, tournament personnel, volunteers, and sponsors of all responsibility in the event of an accident or injury. I also consent to emergency and/or hospital service sought for myself by tournament personnel.

Signature

Date