



Metropolitan Racquet Club

2023 API Tennis Tournament – October 16, 2023

**ELIGIBILITY:** Mandatory \$25 API Membership **ENTRY FEE:** \$150.00 per player **REGISTER BY:** October 6, 2023

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](mailto: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