



Nikkei Games
TENNIS TOURNAMENT
APPLICATION

August 13-14, 2011
Deadline: August 8



Tournament Hosted by: SOUTH BAY TENNIS CENTER 25924 Rolling Hills Road, Torrance 90505 (310) 530-8212

Name: _____ Age: _____ USTA # _____

Address: _____ City: _____ Zip: _____

Telephone: Day:: _____ Evening: _____

I apply for entry in the following events (Please check appropriate boxes)

Level of Play:			
<input type="checkbox"/> Open	<input type="checkbox"/> A (Advanced)	<input type="checkbox"/> B (Intermediate)	<input type="checkbox"/> C (Novice)
<input type="checkbox"/> Singles – Male	<input type="checkbox"/> Singles – Female	<input type="checkbox"/> Doubles – Male <input type="checkbox"/> Mixed Doubles	<input type="checkbox"/> Doubles – Female
Doubles Partner:		Mixed Doubles Partner:	
USTA # (if any):		Partner USTA # (if any)	
(Partners must fill out separate application)			

Official Rules: U.S.T.A. & S.C.T.A. rules will govern play.

Scheduling: Tournament committee reserves the right to do all scheduling.

Default Time: Players should check in 15 minutes prior to their scheduled match. A 15 minute default time will be enforced.

Scoring: All matches will be the best two out of three sets. The U.S.T.A. 12-point-tie-breaker will be used at 6 games all.

Waiver of Responsibility

I hereby release the NIKKEI GAMES & SOUTH BAY TENNIS CENTER, and all state and municipal agencies whose property and/or personnel are connected with such event, and other sponsoring or co-sponsoring corporations, partnerships, companies, agencies, entities, organizations, associations, clubs, federations or individuals from responsibility for any injuries or damages I may suffer as a result of my participation in the NIKKEI GAMES & SOUTH BAY TENNIS CENTER and related events. I hereby certify that I am physically fit and in good health, have sufficiently trained for the competition and am able to safely compete in the events. I hereby consent to receive medical treatment which may be deemed advisable and agree to be solely responsible for all costs relating to such medical treatment. I hereby grant permission to use my name, voice, photographic/electronic image or likeness without compensation for the purpose of promoting the NIKKEI GAMES. I also understand that the entry fee is nonrefundable. I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS.

Signature of Entrant

Signature of Parent or Guardian if under 18

Registration Fee:

Singles: \$32.00

Doubles: \$19.00/player

Total Amount Enclosed \$ _____

Make check payable to: Nikkei Games

MAIL APPLICATIONS WITH PAYMENT TO:

Randy Matsumoto
PO Box 1008
Torrance, CA 90505

Tennis Chairs :
Randy Matsumoto
(310) 512-6456

RMatsumoto@FarmersAgent.com

&

Karen Matsuyama
(310) 613-7020, (310) 468-5121

www.nikkeigames.org

Sponsored by:

Toyota * Aratani Foundation * The Rafu Shimpo * Union Bank
Orange County Nikkei Coordinating Council

Honorary Chairmen

U.S. Senator Daniel Inouye * George Aratani