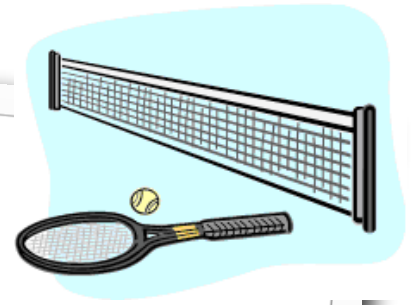


TENNIS TOURNAMENT



Tennis QLD Centre,

190 King Arthur Terrace, Tennyson

DATE: 27th November

TIME: Registration 8.30am

Matches: 9am-5pm

Cost: Adult - \$10, Child/ Senior/ DSRQ member - \$5

ALL AGES welcome! Singles and doubles matches. Please Contact DSRQ to register to play.

For all deaf, hard-of-hearing, hearing impaired, cochlear implantees, and their friends and family!

All ages, all standards (modified equipment is available). Our goal is for everyone to enjoy some tennis and to make contact with other deaf tennis players.

What to bring: Racquet, tennis shoes (non-marking soles), water bottle, sunhat & sunscreen, & snacks.

Queries & Registration:
dsrq@dsrq.org.au or
info@deaftennisaustralia.org

Deaf Sports & Recreation Queensland
Promoting Sports & Recreation Integration
For Deaf People & People
With Hearing Impairments





Deaf Tennis Tournament Registration Form

Please complete and return if you wish to participate in the QLD Tennis Competition.

Form to be returned by the 13th November.

Where: Tennis QLD Centre,
190 King Arthur Terrace, Tennyson

When: 27th November 2010

Registration 8.30am

Matches: 9am-5pm

Cost: Adult - \$10, Child/ Senior/ DSRQ member - \$5

Name: _____
(Print name)

Gender: (M/F) _____ Date of Birth: _____

Address: _____

Phone/TTY/Fax: _____ Mobile: _____

Email: _____

If under 18

Parent/Guardian's Name: _____
(Print name)

Relationship: _____ Emergency Contact Number: _____

Please tick which events you wish to participate in:

Male/ Female Singles	<input type="checkbox"/>	Mixed Singles	<input type="checkbox"/>
Male/ Female Doubles	<input type="checkbox"/>	Mixed Doubles	<input type="checkbox"/>

DISCLAIMER: I hereby declare that my child is in good health and will be properly conditioned for the activities which they will enter in the Swimming Fun Day and swimming lessons. DSRQ will not be held responsible for any loss, damage or injury, including death, which I may sustain in the course of participating in these events.

Emergency contact number (_____) _____

Signature _____ DATE: _____
(Parent to sign if under 18)

