



Entry Form

2001 S. 11th Street
 Kalamazoo, MI 49009-5448
 (269) 387-0410 | (269) 387-0455 (fax)

\$50 per player and \$40 per player if entering a second event. Please fill out the payment options on the back side of entry form.

FIRST		LAST	
ADDRESS	CITY	STATE	ZIP CODE
HOME NUMBER	CELL NUMBER	E-MAIL	<input type="checkbox"/> Please add me to your E-Club
EVENT(S) (limited to two per person)			

Division	Combined 6.0 Name of Your Partner & NTRP rating	Combined 7.0 Name of Your Partner & NTRP rating	Combined 8.0 Name of Your Partner & NTRP rating	Open Name of Your Partner & NTRP rating
MEN'S DOUBLES				
WOMEN'S DOUBLES				
MIXED DOUBLES				



WESTERN MICHIGAN UNIVERSITY
 2001 S. 11th Street
 Kalamazoo, MI 49009-5448



Oct. 20–22, 2017

DATE**October 20–22, 2017**

Registration Deadline: Friday, Oct. 13

LOCATION

West Hills Athletic Club | 2001 S. 11th Street | Kalamazoo, MI 49009-5448

EVENTS

Full feed-in consolation draw. Men's Doubles, Women's Doubles, and Mixed Doubles (with combined rating of 6.0, 7.0, 8.0 and Open divisions).

MATCH TIMES

All participants must be prepared to play as early as 5 p.m. on Friday, Oct. 20. First match times will be posted online at noon on Wednesday, Oct. 18. For additional information on match times please call West Hills at (269) 387-0410.

AWARDS

Awards will be presented to the winners, finalists and consolation winners of each division. T-shirts will also be given to all participants. Please mark your t-shirt size on the back of the entry form.

DINNER

There will be an informal players' dinner on Saturday, Oct. 21 from 5:30–9 p.m. Guests are welcome to attend. The dinner is no charge for participants of the tournament and \$15 for guests. Please mark on the entry form if you will or will not be attending the dinner and if you will or will not be bringing a guest.

TOURNAMENT REGISTRATION**ENTRY DEADLINE****Friday, Oct. 13, 2017.** Divisions are limited, enter as soon as possible.**ENTRY FEE**\$50 per player and \$40 per player if entering in a second event (cash, check or charge). Checks should be made payable to WHAC and must accompany a completed entry form. Telephone entries will be accepted with a credit card payment. There will be no refunds after **Monday, Oct. 16.****REGISTER ONLINE**Register online westhillsathletic.com/fall-classic-registration**MAIL ENTRIES**Tim Montague | c/o WMU/West Hills Athletic Club
2001 S 11th Street | Kalamazoo, MI 49009-5448**RULES & REGULATIONS****USTA rules will be in effect.** Scoring for each match will consist of two regular scoring tie-break sets. In the event of a third set, the **10 point match tie-break** will be used. This is a full feed-in consolation draw. The 10-minute warm up and the 15-minute default rules will also be in effect. Each player must complete an entry form to be registered.**TOURNAMENT QUESTIONS**For any questions please contact **Tim Montague at (269) 387-0410.****LODGING/LOCAL ATTRACTION**Visit us at westhillsathletic.com for hotel directions as well as information on local restaurants and entertainment.
Hawthorn Suites: (800) 527-1133 Baymont Inn: (269) 372-7999
Holiday Inn: (269) 375-6000 Red Roof Inn: (269) 375-7400**Upcoming Events****Dec. 1–3, 2017
WINTER FEST**Boys (10–16) singles
Girls (10–16) singles**Jan. 5–7, 2018
NEW YEAR'S OPEN**Men's & Women's singles;
3.0, 3.5, 4.0, Open
Mixed doubles; Combined
Rating 6.0, 7.0, 8.0 & Open**March 16–18, 2018
31ST ANNUAL
IRISH OPEN**Men's & Mixed Doubles; 3.0,
3.5, 4.0, 4.5 & Over
Women's Doubles; 3.0, 3.5, 4.0,
4.5 & Open[westhillsathletic.com/
tennis-tournaments](http://westhillsathletic.com/tennis-tournaments)Online registration
for the **Fall Classic.**
Register online at[westhillsathletic.com/
fall-classic-registration](http://westhillsathletic.com/fall-classic-registration)**For Whom are You Paying** (Please check the appropriate boxes.)

- I am paying for myself (\$50) \$ _____
- I am paying for myself in 2 events (\$90) \$ _____
- I am paying for myself and my partner's 1st event (\$100) \$ _____
- I am paying for myself (in 2 events) and my partner's 1st event (\$140) \$ _____
- Other: _____ \$ _____

Saturday Night Dinner (Please check the appropriate box.)

- Yes, I will be attending the dinner (cost included in entry fee)
- Yes, I will be attending the dinner with a guest (\$15 extra per guest) _____ x \$15 = \$ _____

GUEST NAME(S) _____

-
- No, I will not be attending the dinner

T-Shirts (Please circle sizes)**Your Size:** S M L XL XXL**Women's Partner's Size:** S M L XL XXL**Men's Partner's Size:** S M L XL XXL**Method of Payment**

- Charge to my account.
- Check Cash
- Discover Visa Mastercard

CREDIT CARD NUMBER _____

EXP. DATE _____

SIGNATURE _____

\$

Total Amount

FOR OFFICE USE ONLY

DATE RECEIVED _____

STAFF'S INITIALS _____

AMOUNT PAID _____

RECEIPT NUMBER _____

 CTA Check Cash Discover Visa Mastercard

\$