



25th Annual

Thursday August 11th – Sunday August 14, 2022

www.lincertennisacademy.com

LOCATIONS: Main sites: Manchester High School East Center Courts located next to 147 East Center St and Charter Oak Park located next to 120 Charter Oak St. Additional local courts may also be used as deemed necessary. Rain location: Magic Lincer Tennis Club at 404 West Center St in Manchester. All courts are hardcourts.

EVENTS: An (*) indicates an event NOT open to College Players or professional coaches.

JUNIORS	WOMEN'S	MEN'S	MIXED
Girls U14 Singles - \$30	*Women's 18+ Singles - \$30	*Men's 18+ Singles - \$30	Mixed Doubles <i>U18</i> - \$40
Girls U18 Singles - \$30	*Women's 35+ Singles - \$30	*Men's 35+ Singles - \$30	*Mixed Rec. Doubles - \$40
Boys U14 Singles - \$30	*Women's 55+ Singles - \$30	*Men's 55+ Singles - \$30	Mixed Open Doubles - \$40
Boys U18 Singles - \$30	Women's Open Singles - \$30	Men's Open Singles - \$30	*Mixed Century Doubles - \$40
	*Women's Rec. Doubles - \$40	*Men's Rec. Doubles - \$40	
	*Women's Century Doubles	*Men's Century doubles - \$40	
	Women's Open Doubles - \$40	Men's Open Doubles - \$40	

REGISTRATION:

Please fill out this registration form and email to frontdesk@lincertennisacademy.com, you will be contacted for payment. Or mail the completed form with a check to Earl Yost Tennis Classic, c/o Magic Lincer Tennis Club, 404 West Center Street, Manchester CT, 06040. Registration deadline is **August 8th**. Players may register for a **maximum of 3 events**.

ENTRY FEES: Adult and Junior Singles - \$30, Doubles Events - \$40 per team. Doubles teams must pay in full at the time of registration. Registration fees includes entry and balls.

PRIZES: Trophies will be awarded to the winners and finalists.

PLAY FORMAT: All matches will use the 10 point match tie break in lieu of a 3rd set. Alternate formats may be used at the discretion of the tournament director. All draws are single elimination.

TOURNAMENT DIRECTOR: Magic Lincer at magic@lincertennisacademy.com or 860-688-1300



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REGISTRATION FORM

Mail completed form with checks payable to Magic Lincer Tennis Academy to Earl Yost Tennis Classic, c/o Magic Lincer Tennis Academy, 109 Pierson Lane, Windsor, CT 06095 or you may call 860-646-8860 to pay by credit card and email the form to frontdesk@lincertennisacademy.com. No half payments for doubles events accepted for. Draws will be available on the website, lincertennisacademy.com.

Player Name: _____ Birthdate: _____

Cell Phone: _____ Email: _____

Address: _____

Partner's Name: _____ Birthdate: _____

Partner's Cell Phone: _____ Partner's Email: _____

Partner's Address: _____

Circle Event(s): *maximum of 3 events* – see above for restrictions for college players and coaches:

JUNIORS	WOMEN'S	MEN'S	MIXED
Girls U14 Singles - \$30	Women's 18+ Singles - \$30	Men's 18+ Singles - \$30	Jr Mixed Doubles U18 - \$40
Girls U18 Singles - \$30	Women's 35+ Singles - \$30	Men's 35+ Singles - \$30	Mixed Rec. Doubles - \$40
Boys U14 Singles - \$30	Women's 55+ Singles - \$30	Men's 55+ Singles - \$30	Mixed Open Doubles - \$40
Boys U18 Singles - \$30	Women's Open Singles - \$30	Men's Open Singles - \$30	Mixed Century Doubles - \$40
	Women's Rec. Doubles - \$40	Men's Rec. Doubles - \$40	
	Women's Century Doubles - \$40	Men's Century doubles - \$40	
	Women's Open Doubles - \$40	Men's Open Doubles - \$40	

In consideration of the benefits expected to be derived from the participation in the Earl Yost Classic hosted by Magic Lincer Tennis Academy (MLTA), we hereby remise, release and forever discharge the said MLTC/MLTA, its servants and agents, members and participating parents of and from any and all actions, causes of action, claims and demands whatsoever in any way arising out of injury or illness, loss of or damage to property occurring during or as a result of anything done or left undone by MLTC/MLTA or any of the other persons hereby released in connection with the operation of MLTC/MLTA or anything arranged by it to take place outside of its training premises. We hereby give consent for our child to be taken on trips relating to tennis tournaments. If at any time, due to circumstances of an accident or sudden illness and medical treatment in the case of an emergency situation where parents cannot be reached, I give permission to the attending physician to hospitalize, secure necessary treatment, order injections, anesthesia, or surgery for my child named on this form. It is understood that every effort will be made to contact the parents. This also allows MLTC/MLTA to use any pictures of our children for display on boards and website. In witness whereof we have here unto set our hands and seals at the locations of 404 West Center Street, Manchester CT and 109 Pierson Lane, Windsor CT

Player Signature: _____ Date: _____

Partner Signature: _____ Date: _____

Parent/Guardian Signature (required for player under 18): _____ Date: _____

Payment Type: _____ Payment Amount: _____ Date Rcvd: _____