



Doubles Entry Form 2010 Senior Olympic Festival January 22 - 31, 2010



Please print legibly (front and back side).

Captain Name: _____ Birthdate ____/____/____ Age: _____

Home Phone: _____ Cell Phone: _____ e-mail: _____

Address: _____ City, State, Zip Code: _____

Emergency Contact Name _____ Emergency Contact Phone Number _____

Doubles Event Registration Information

(Badminton, Bridge, Croquet, Pickleball, Pinochle, Shuffleboard, Table Tennis, & Tennis only)

Event Name	Course Code #	Partner's Name	Partner's D.O.B. / AGE	Event Cost

ALL DOUBLES FEES MUST BE SENT IN TOGETHER

___ Cash Payment

___ Payment by check: Please make checks payable to: Senior Olympic Festival

___ Payment by credit/debit card

___ Visa ___ MasterCard ___ Discover (check type)

Card # _____ - _____ - _____ - _____

Expiration Date _____

Cardholder Name (Please Print) _____

Entry Fee \$ _____

Souvenir Pins: Qty ____ x \$2ea \$ _____

T-Shirts:

Small....Qty ____ x \$10ea \$ _____

Med..... Qty ____ x \$10ea \$ _____

Large... Qty ____ x \$10ea \$ _____

XL..... Qty ____ x \$10ea \$ _____

XXL... Qty ____ x \$10ea \$ _____

XXXL.. Qty ____ x \$10ea \$ _____

Late Fee Qty ____ x \$3 ea \$ _____

(after Jan 1, 2010)

Donation to S.O.F. \$ _____

*TEAM/ DOUBLES REGISTRATION **CAN NOT** BE DONE OVER THE PHONE THROUGH EZEEREG.

TOTAL PAYMENT \$ _____

Registration Information (520) 791-4877

Register on-line using EZEEReg, mail or walk-in.
Please send this completed Team Entry Form, Total Payment and completed and signed roster to: **Senior Olympic Festival
900 S. Randolph Way
Tucson, AZ 85716**

AGREEMENT, RELEASE AND WAIVER OF LIABILITY

I, the undersigned, hereby agree to indemnify, save and hold harmless the City of Tucson, the Parks and Recreation Department, the Pima County Parks and Recreation Department, the Senior Olympic Festival Committee or any of their sponsors, agents or representatives of my health, safety or any injury resulting from my participation in the Senior Olympic Festival.

I understand, with more than 100 events in the 30 sports activities being conducted in 10 days, that some scheduling conflicts and long competition days are unavoidable. I have prepared myself for the events that I have entered by practicing prior to the Festival. To the best of my knowledge and belief, I have no physical restrictions that would prohibit my participation in the events I have selected.

The Senior Olympic Festival Committee and / or Parks and Recreation Department personnel has my permission to have a physician attend to me if it is deemed necessary during my participation in the Festival.

I hereby grant the Tucson Parks and Recreation Department permission to record my likeness and / or voice for use by television, films, radio or printed media to further the aims of the Parks and Recreation program in related campaigns and magazine articles, booklets, posters and in any other ways it may deem appropriate.

	Printed Name	Signature/Date Signed	Emergency Contact/ Phone Number
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