

# Annual Foot of the Lake Pickleball Club Tournament

**Saturday, August 5th**

**Divisions:** Men's Doubles, Women's Doubles, and Mixed Doubles

**Skill Levels:** Intermediate and Advanced

**When:** Saturday August 5th: **Women's Doubles (10a-12p), Men's Doubles (12p-2p), Mixed Doubles 2p-4p).** RAIN DATE IS SUNDAY, August 6th—MUST BE AVAILABLE (**NO REFUNDS**)

**Entry Fee: \$40/team (\$5 discount per player for FOTL pickleball club members). \$10/team subsequent division.** All proceeds benefiting programs offered by FOTL pickleball club.

**Location:** Horace Mann High School Pickleball Courts, 325 McKinley St., North Fond du Lac, WI 54937

**Format:** 16 team divisions; two 8-team pools; both pools play round robin, top three teams in each pool play in the medal round. Games are one game to 11, win by 1 (W/L for placement—total points tiebreaker). Medals will be awarded to 1st, 2nd, & 3rd.

**Deadline to register: Monday, July 31, or first 16 teams per event.**

**Official Tournament Ball: ONIX FUSE G2**

Player 1 Name: _____	Player 2 Name: _____
Player 1 Cell #: _____	Player 2 Cell #: _____
Self Rating: _____ EMAIL: _____	Self Rating: _____ EMAIL: _____
Entry Fee Enclosed: \$ _____	Entry Fee Enclosed: \$ _____
Circle division:    Women's    Men's    Mixed	Circle division:    Women's    Men's    Mixed

Subseq Div. Player Name: _____	<b>Make checks payable to: Connie Steinke</b> <b>Mail to:</b> Foot of the Lake Pickleball Club, Kevin Murphy, Treasurer, 1606 Westwood Av., N. Fond du Lac WI 54937 <b>Tournament Directors:</b> Cory Drummond - (320) 444-7986 Connie Steinke - (920) 602-1659 (Tournament Directors have the right to change the format day of the tournament.)
Cell # _____	
Self Rating: _____ EMAIL: _____	
Entry Fee Enclosed: \$ _____	
Circle division:    Women's    Men's    Mixed	

**LIABILITY RELEASE:** Participation in this tournament involves an element of risk for all participants and may cause injury, death, or property loss. Organizers do not provide nor cover any medical or hospital insurance for tournament participants. All persons participating must provide their own health insurance and assume risk of injury.

**PHOTO RELEASE:** I authorize organizers to photograph me and use the photos to promote future events. Names will not be published unless your team placed 1st, 2nd, or 3rd.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_