



Ian Longua Memorial Pro-Am Doubles Tennis Event

***Come Celebrate Ian's Life!
Dress in your favorite team apparel
in honor of Ian's love of sports!!***

***Saturday, November 11th, 2017
6:30-10pm at Rye Racquet Club***

****Two events: 3.0/3.5 with a pro & 4.0/4.5 with a pro
*Pros are 5.0 players and above
*Refreshments, prizes and fun!
*\$100 entry fee. 100% to be donated to trust funds for
Ian's two children, Zach and Bryce***

If you need assistance finding a pro, please inquire at the club.

Amateur Name: _____

Phone Number: _____

Email: _____

Level: _____

Pro Name: _____

Phone Number: _____

Email: _____

LIABILITY WAIVER AND ASSUMPTION OF RISK AND RELEASE

By signing below I agree that I will abide by all rules and regulations which now exist or which may be hereafter adopted or amended by the management of the Rye Racquet Club (the Club). I further acknowledge and agree that there are certain inherent dangers in playing tennis in fitness/conditioning exercises and that the Club shall not be liable for any personal injuries, property damage, or other loss sustained by me or my children in, on or about the premises of the Club, or arising out of the use or intended use of any facilities, equipment or other property of the Club, whether or not said personal injuries, property damage, or other owners, agents or employees of the Club or the negligence of any other persons present on the premises of the Club. These conditions apply individually and/or jointly with other players, player's children or guests of players.

Signature _____ Date: _____

MAKE CHECKS PAYABLE TO: **RYE RACQUET CLUB**
MAIL TO: **RYE RACQUET CLUB**, P.O. BOX 646, HARRISON, NY 10528
PHONE: 914.835.3030
www.ryeracquet.com

PAYMENT INFORMATION

\$100 Entry Fee – proceeds donated to trust funds for Zach and Bryce Longua

Check/Cash payment enclosed in the amount of: \$ _____

Please charge my credit card in the amount of: \$ _____

A horizontal row of 15 empty square boxes, each with a thin black border, intended for children to draw or write in.

MasterCard VISA Exp. Date

Name on Card:

Cardholder Signature: _____ Date: _____