



4TH ANNUAL PICKLEBALL TOURNAMENT

SATURDAY, SEPTEMBER 14TH

Mixed Doubles Round Robin w/Playoffs!

Two Separate Age Categories!

Open Age Category, Teams Age 50+

Rain Date: Sunday, September 15th

7:30AM Warmup/Check In

8:00am - 10:30am Tournament

Location: Veterans Memorial Park

**Register at the Recreation Office on
81 Hunt Road! Cash or Checks only!**

\$25
Per Person

Sign Up By Friday September 6th!

**At least one member of each team
must be an Orangetown Resident.**

REGISTER NOW!



For more information email or call:
recreation@orangetown.com
845-359-6503

Orangetown Parks & Recreation

4th Annual Pickleball Tournament

Saturday September 14th

Rain Date Sunday 15th



Check In/Warmup: 7:30 AM

Start Time: 8:00 AM

Fee: \$50.00 per Team

\$25.00 per Individual



****Two Age Bracket Event: Open Age Bracket, Teams Age 50+****
10 Teams Per Age Bracket



Round Robin with Playoffs - Prizes will be awarded!

Mixed Doubles (1 Male/1 Female)



Single Players are welcome and will be paired if possible

One member of each team must be an Orangetown resident

Registration Forms and Fees are due back to the office of Parks & Recreation no later than **September 6th**. Cash or Check only. Please make checks payable to Town of Orangetown.

The Tournament Brackets will be emailed during the week of September 9th. Water & snacks will be provided.

*The office of Parks & Recreation will pair as many single players as possible but cannot guarantee a partner for all, if numbers do not allow, those without partners will receive a full refund of the registration fee.

In consideration of this entry being accepted I hereby, for myself, heirs, executors and administrators waive and release any claims I may have against the Town of Orangetown and any member of the tournament committee, or their representatives, successors, or assignees, any and all sponsors and their representatives for any injuries that may be suffered by me in this event. I also certify that I am in proper physical condition for this event.

Name: _____

Name: _____

Address: _____

Address: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

Gender: _____ Age: _____ DOB: _____

Gender: _____ Age: _____ DOB: _____

Signature of Participant: _____

Signature of Participant: _____