**HALF TERM TOURNAMENT**

1st June Thursday 2017

**At Princess Royal Sports Complex, Wellington School, South Street, WELLINGTON, Somerset, TA21 8NT**

Tournament Secretary and Referee – Catherine Sertin, 49 Pear Tree Way, Wellington, Somerset, TA21 9AB

Tel – 07860206467 Email – catherineasertin@gmail.com

**STARTING TIMES AS FOLLOWS:** Each event will be followed by doubles

0900 Under 14 Boys and Girls Singles

1100 Under 12 Boys and Girls Singles in addition a primary school age group

1330 Under 16 Boys and Girls Singles

1400 Under 18 Boys and Girls Singles **Closing date:** Tuesday 30th May 2017th

**CONDITIONS OF ENTRY**

1. The tournament is open to any players who are under 18 – Age is at the day of the tournament – eg  age 11 can play in under 12 but 12’s age would play in the under 14’s.

2. Players are only able to enter one age group for each event unless agreed prior to the event.

3. Singles and doubles will be played in pools.

4. Anyone requiring a partner, should put ‘Partner Wanted’ on their Entry Form.

5. The Tournament will start at 0900 and will be finished by 1700.

6. The entry fee will be £13 per person for singles and doubles. There is no discount for playing one event only.

7. Your entry will be acknowledged by email a few days prior to the event.

8. Feather shuttles will be used.

9. Medals will be awarded to winners and runners up.

10 All cheques to be made payable to C Sertin

11. The tournament reserves the right to refuse any entry without assigning a reason, their decision in all matters if final.

**Please note that there are no refreshments available at this venue – but the town is a two minute walk away.**

**![C:\Users\James Sertin\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\Y0K6LAAC\MC900349597[1].wmf]()……………………………………………………………………………………………………………………………………………………………**

**ENTRY FORM**

**Please complete the details below in block capitals and send this half of the entry from to the Tournament Secretary at the above address:**

|  |  |
| --- | --- |
| **NAME:** | **DOB:** |
| **AGE AT DATE OF TOURNAMENT** | **ADDRESS:** |
| **TELEPHONE NUMBER:** |  |
| **EMAIL ADDRESS:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **EVENT** | **SINGLES** | **DOUBLES** | **PARTNERS NAME IF KNOWN** |
| **UNDER 14 BOYS SINGLES/DOUBLES** |  |  |  |
| **UNDER 14 GIRLS SINGLES/DOUBLES** |  |  |  |
| **UNDER 12 BOYS SINGLES /DOUBLES** |  |  |  |
| **UNDER 12 GIRLS SINGLES/DOUBLES** |  |  |  |
| **UNDER 16 BOYS SINGLES/DOUBLES** |  |  |  |
| **UNDER 16 GIRLS SINGLES/DOUBLES** |  |  |  |
| **UNDER 18 BOYS SINGLES/DOUBLES** |  |  |  |
| **UNDER 18 GIRLS SINGLES/DOUBLES** |  |  |  |

Please enclose your entry form with the appropriate cheque made payable to C Sertin and forward it to Catherine Sertin, 49 Pear Tree Way, Wellington, Somerset, TA21 9 AB.

I consent to my child participating in the Tournament: Parents Signature………………………………….. Date:……………………………..

Please indicate if you do not wish your child to be photographed

Medical Conditions or other Information:……………………………………………………………………………………………………..........................

Tournament Experience 2016/17 Please give detailed information as to your playing ability (are you in a training cell? Do you play for the School?).