

# 20<sup>th</sup> ANNUAL EDITH'S TOURNEY

August 6, 2016

Tennis Courts on Playground Drive

## BENEFIT TENNIS TOURNAMENT IN MEMORY OF EDITH HAZELTINE

*Edith Hazeltine was an avid tennis player and a bright personality in the town of Moultonborough and the Lakes Region area. Several years ago she passed away of cancer.*

*The Moultonborough Recreation Department has held a tennis tournament in her honor and donated all proceeds from the raffle to the New Hampshire Division of the American Cancer Society.*

<b>Name:</b>	<b>Phone:</b>
<b>Shirt Size:</b> S M L XL (adult sizes)	<b>Cost:</b> \$40/team Checks payable to: Moultonborough Recreation Dept.
<b>Divisions:</b> (circle one)	
Mixed Doubles	<b>Partner:</b>
Women's Doubles	<b>Partner:</b>
Men's Doubles	<b>Partner:</b>

### Some notes about the tournament and payment

Participants must be at least 18 years old.

Please make checks payable to Moultonborough Recreation Dept.

The tournament will be held on Saturday, August 1, at the Playground Dr. courts.

Mixed Doubles will be held first – all mixed doubles teams must meet at the courts at 8:30am

Men's and Women's Doubles meet at the courts by 10:30 AM

Registration fee includes the tourney, t-shirt, lunch.

In addition there will be raffles for incredibly great gifts from area restaurants and stores. All proceeds from the raffle benefit the American Cancer Society and additional donations to the Society will be accepted as well.

**Registrations and payment can be mailed, dropped off or faxed to:**

### **EDITH'S TOURNEY**

Moultonborough Recreation Department  
P.O. Box 411 – Moultonborough, NH 03254

Or fax to 603-476-2607

Questions? Call MRD at 476-8868

I hereby agree to release, discharge and hold harmless, the Moultonborough Recreation Department, its employees and volunteers from any liabilities that may occur while participating in the recreational activity listed above. I understand that participation in any recreational or sport activity involves risk. I further understand that the Moultonborough Recreation Department does not provide accident or medical insurance for its program participants. I give permission for the staff or volunteers of the Moultonborough Recreation Department to contact the rescue squad for assistance and/or transportation to the nearest medical facility, should an injury occur which in their opinion requires medical attention. In the event that none of the before named relations can be reached I hereby give permission to the attending physician to administer whatever care he/she deems necessary for the safety of myself or my child. I give my permission to have photos taken during this program and used for publicity purposes by the Moultonborough Recreation Department. By signing this I am willing to be a part of "One Call Tell All" that will inform me of changes and cancelations to the programs run by the recreation department. I have read this Indemnity agreement and understand its terms.

\_\_\_\_\_  
PARTICIPANT SIGNATURE

\_\_\_\_\_  
Date