



TABLE TENNIS

Tournament

UNION CITY SPORTS CENTER

**Saturday, February 11, 2012 &
Saturday, May 12, 2012**

Tournaments begins at 8 am
For Ages 12 & Up

\$5 for Sports Center Members | \$8 for non-members

*Registration ends: Friday, February 3rd for the 2/11 tournament
Friday, May 4th for the 5/12 tournament*

The Union City Sports Center in collaboration with the Castro Valley Adult School will be hosting two Table Tennis Tournament on Saturday, February 11, 2012 & Saturday, May 12, 2012. Division winners will receive a 20 Visit Table Tennis Pass For tournament rules, details and information, please call (510) 675-5805 or email maynarde@unioncity.org.



31224 Union City Boulevard, Union City, CA
(510) 675-5808 | www.ci.union-city.ca.us





REGISTRATION FORM



Date: Saturday, February 11, 2012 or Saturday, May 12, 2012
Time: Tournament Begins at 8 am

Location: Union City Sports Center
31224 Union City Boulevard, Union City, CA

TABLE TENNIS TOURNAMENT APPLICATIONS ACCEPTED ONLY AT THE UNION CITY SPORTS CENTER. FOR DETAILS CALL (510) 675-5808. FAX: (510) 489-8620 ONLINE: WWW.UNIONCITY.ORG

Main Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Day/ Cell: _____ Email: _____

Participants Name:	Email or Phone	Age	Member: Y/ N	Tourney Date	Fee:
					\$
					\$
					\$
					\$
					\$
TOTAL FEE:					\$

I the undersigned, agree to indemnify and hold harmless the City of Union City from any loss or liability which is alleged to have resulted from my participation in this program. I have read and understand the activity description listed in the Union City Leisure Department Activity Guide, and I comprehend all the risks involved by participating in that activity. I hereby give my dependents permission to participate in the activities indicated and in doing so, absolve the City of Union City, its employees, volunteers, contractors and officers from liability. I also grant full permission to any and all of the foregoing to use my name and photographs, videographs, motion pictures or recordings for any publicity and promotion purposes without obligation or liability to me. I understand that no refunds or transfers will be given.

_____ Date: _____ 1 registration form per adult or family.

MAKE CHECKS PAYABLE TO: CITY OF UNION CITY

NAME ON CARD:	
CREDIT CARD: VISA/ MC <small>(CID LAST 3 DIGITS BACK OF CARD)</small>	EXP DATE:
SIGNATURE:	DATE:

FEE:	SPORTS CENTER MEMBERS	 NON – MEMBERS
PRE REGISTERED (BY 06/17/11)	\$5	\$8
AFTER Registration Deadlines:	\$7	\$10