



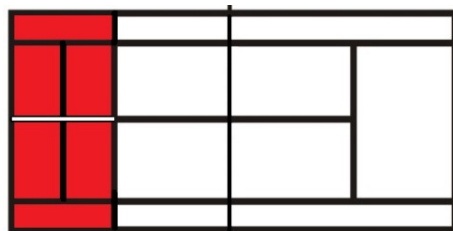
Flushing Meadows Corona Park  
 Flushing, New York 11368  
 718 760-6200 — [ntcprograms@usta.com](mailto:ntcprograms@usta.com)

# PLAYDAY

## RED PLUS

Thursday, FEB. 21

1:30pm—3:00pm



36' Red court

Space is limited. Please register early.

LEVEL	✓	DATE	TIMES	PRICE
<b>Red Plus</b> (#12717)		Thursday, Feb. 21	1:30 pm – 3:00 pm	\$30

**\* 10U Players with an NTC rating of Red Plus are eligible to play in this event**

**Please note: Players, please check-in at 1:15 pm**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ M OR F \_\_\_\_\_ TS Customer ID: \_\_\_\_\_

Address \_\_\_\_\_  
 Street Apt. # City State Zip

E-mail \_\_\_\_\_ Home phone (\_\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_\_) \_\_\_\_\_

Current program enrolled in: \_\_\_\_\_ AGE: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Participant acknowledges the physical dangers and risks inherent in playing tennis and Participant freely and knowingly assumes all such risks. Participant releases, discharges and holds harmless the USTA NTC and the City of New York from and against any and all claims resulting from Participant's participation in the program or any event related thereto, including claims such as negligent acts or omissions of USTA NTC. Participant agrees that USTA NTC and its designees may use Participant's name, voice, portrait, likeness, testimonials and statements for any purpose relating to USTA NTC activities and advertising and publicizing the USTA NTC and its products and services; provided, however, the use of Participant's identification shall not be identified or represented to be an endorsement by Participant of any product, service or company.

**Entry Deadline: February 18 by noon (please note, space is limited and may sell out prior to the deadline). No Refunds after the entry deadline.**

Signature of Participant or Legal Guardian, if participant is under 18. \_\_\_\_\_ Date: \_\_\_\_\_ TS transaction# \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Cash (In person only) OR \_\_\_\_\_

Credit Card Exp. date \_\_\_\_/\_\_\_\_ Please circle: AMEX VISA MC Discover C.O.F.

Name on Card \_\_\_\_\_ Card Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_