



**The Tournament where
ANYTHING CAN HAPPEN
...and USUALLY DOES!**

Presented by



**South Beach
Racquet Club**

**25th Silver Anniversary
Century Cup Doubles**

April 23, 24, & 25

Tournament Information

Site: SOUTH BEACH RACQUET CLUB

Divisions: Men's - Women's - Mixed **DOUBLES**
4.0 and below* all ages between 80 and 139
 80's: Open
100's: Open
120's: Open
140's: 4.0 and below
 150's: 3.5 and below
 *Please note ratings. 2010 USTA ratings apply.

Entry Fee: *Per Player:* \$40 for 1 event, \$50 for two events*
 *Playing in 2 events will almost guarantee back-to-back matches.

Deadline: **Monday, April 19 at 6 p.m.**

Start time: Please call Wednesday, April 21 after 2:30 p.m.

Chairman: Don Sigmon
Founder/Advisor: Dennis Malick
Director: Michael O'Keefe

Match Play Starts:

FRIDAY at 3 p.m. for divisions w/larger draws
 SATURDAY at 8:30 a.m.
 SUNDAY at 9 a.m.

Entry Fee includes:

- Player Party on Friday night
- A "World Famous" Billy Bob Shirt
- Continental Breakfast on Sat. and Sun.
- Lunch provided on Saturday
- Refreshments throughout weekend
- A GREAT weekend of Tennis

ENTRY FORM BELOW (Deadline is Monday, April 19 at 6 p.m.)

25th BillyBob Century Cup Doubles (April 23, 24, 25, 2010)

Please place check(s) in events you wish to play.

Event #1 Men's ___ Ladies' ___ Mixed ___
 80's-Open ___ 80's ___ 100's ___ 120's ___ 140's ___ 150's ___
 Partner's name _____ Age _____

(Partner(s) MUST fill out an Entry Form as well)

Event #2 Men's ___ Ladies' ___ Mixed ___
 80's-Open ___ 80's ___ 100's ___ 120's ___ 140's ___ 150's ___
 Partner's name _____ Age _____

(Partner(s) MUST fill out an Entry Form as well)

Name _____ AGE _____ (as of Dec 31, 2010)
 Address _____
 City _____ State _____ Zip _____
 Best Contact Phone # _____
 E-mail _____

Payment: Cash _____ Check _____
 (Make checks payable to South Beach Racquet Club)
 Visa _____ MasterCard _____ Discover _____
 Print name _____
 Card# _____
 Exp date _____ CVV# _____ (3 digit # on back)
 Signature _____
 Total Amount enclosed: \$ _____

For Office Use:
 Date Received: _____
 Check #: _____
 Cash ___ C/C ___
 Received by: _____

Please send or FAX to:
South Beach Racquet Club
P.O. Box 5994
HHI, SC 29938
FAX (843) 363-2953



**Thanks
to our
Presenting
Sponsor**