

3rd Annual Louisa County Classic Pickleball Tournament



Indoor Pickleball Drop Flight Tournament: Select Your Partner, Male or Female. Seeded. Championship, A, B, and C Brackets . Any Partner Combination ** This is a Fun Format!
Call for Format Questions. Guaranteed at least 3 games. Limited to first 25 teams registered. Tournament format subject to change based on the number of participants.
Questions: call Justin Bullock at (540) 967-4420.

Date: Saturday, June 24

Start Time: 9:00am

Location: Betty Queen Center: 522 Industrial Drive, Louisa, VA 23093

Registration Deadline: June 9 Cost: \$15 per team

Registration fee will include a boxed lunch from Subway!!!

Registration: To register you can either fill out the registration form below and mail it to 522 Industrial Drive, Louisa, VA 23093 with a check made out to LCPRT or register online at www.LCPRT.info.

2017 Registration Form

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Preferred Phone: _____

E-Mail: _____ Gender: M/F Birth Date: _____

With 5 being the highest and 1 being the lowest pick your skill level: 1 2 3 4 5

Subway Sandwich: Ham Turkey Veggie  OF LOUISA

***Notice: This does not register your partner.**

Partner: _____ Partner Age: _____

Your Emergency Contact: _____ Phone: _____

The Louisa County Parks, Recreation, Tourism does not provide medical coverage or insurance for individual participants. All medical insurance protection must be provided by the parents or participant. In the event of an emergency, I hereby give my consent for the Recreation Supervisor of the Parks and Recreation Department to arrange for medical treatment or Emergency Room treatment by a physician on staff. I also hereby give my consent and approval for my son/daughter/self to participate in this activity sponsored by the Louisa County Parks and Recreation. I will not hold Department Personnel, Instructors, School Personnel, or volunteers responsible in case of accident or injury as a result of my/my child's participation in this program. I understand the risks involved with this activity and know that my child is/I am physically able to participate in this program. I also realize that LCPRT frequently takes photographs at their events and classes and by signing this form I agree that photos may be taken of me/my family. Louisa County Parks, Recreation, and Tourism are not responsible for any lost and/or damaged property.

Signature _____ Print Name: _____ Date: _____