Willamette Table Tennis Club

1960 Oak St. SE, Salem, OR

Team Tournament: Warm-up for the Pac Rim

October 23, 2010

Doors open at 9:00am tournament play begins at 10:00am.

Tournament Restricted to 16 teams

Event Fees $20.00 each player

Entries without payment will not be accepted. Cancellation will be refunded only if notification is given before October 19th, 2010. The decision of the tournament director (s) is final.

Event: U-3400 2 player team RR. (Cash prizes are 1st place 50%   / 2nd place 25%)

Format: Team events are Round Robin with four teams advancing to brackets. All matches are 11-points best of 5 games. % for prize money refers to the percentage that is collected in entry fees.

Order of Play: (1: A1 vs. B2) (2: A2 vs. B1) (3: Doubles) (4: A1 vs. B1) (5:A2 vs. B2)
Winner receives 1 point for each match.   Matches are played in the order listed above and until team reaches 3 points.

Ratings: This is an unrated tournament, but USATT ratings will be used where available. Teams are made of two players and their combined ratings must be equal to or below the maximum rating for this event. USATT ratings will be as of October 1st, 2010. Unrated players will be given an estimated rating by the Tournament Director. USATT rules apply.

If you need a team mate or have questions about the tournament, please contact the Tournament Director.

Directions: Take the Hwy 22 exit from I-5 going west (Mission Street) to 17th St. Turn north on 17th St. and then immediately turn right (east) onto Oak St. The venue is on Oak St. between 19th and 20th streets, on the right (south side).

Web site: Club details, including more complete directions, are available at www.wtabletennis.org.

Tournament Director: Scott Lipscomb   (503) 930-0826   sjlcel1@msn.com
                             Ben Bednarz   (503) 851-2941   ben@bcwebhost.net

<u>Make Checks payable to:</u>   <u>Mail Entry to:</u>
Willamette Table Tennis Club   Scott Lipscomb
         or WTTC   4137 Cloud Dr S
                                                           Salem, Or. 97302

Please Print Information ****Clearly****

Name_____ E-mail_____

Street_____ USATT Rating _____

City_____ State_____ Zip_____ Phone (____) _____

Signature (Mandatory) _____ Date_____

        Name of Team Mate_____