



Presented by



27th Annual Century Cup Doubles

April 20, 21, 22, 2012

Site: SOUTH BEACH RACQUET CLUB
230 South Sea Pines Drive
Hilton Head Island, SC 29928

Divisions: Men's - Women's - Mixed DOUBLES
4.0 and below* ages 80 and above - 4.0(80+)
4.0 and below* ages 120 and above - 4.0(120+)
80s: Open
100s: Open
120s: Open
140s: 4.0 and below
150s: 3.5 and below
*Please note ratings, 2012 USTA ratings apply.

Entry Fee: *Per Player:* \$45 for 1 event, \$55 for two events**
**Playing in 2 events will almost guarantee back-to-back matches.

Deadline: Monday, April 16 at 6 p.m.

Start time: Please call Wednesday, April 18 after 3:00 p.m.
For times and questions: **(843) 671-2215**

Chairman: Don Sigmon
Founder/Advisor: Dennis Malick
Director: Mike Sutcliffe

Match Play Starts:
FRIDAY at 12 p.m. (for divisions with larger draws)
SATURDAY at 8:30 a.m.
SUNDAY at 9 a.m.

- Entry Fee includes:**
- Friday Night: Players Party / First Matches of 2nd Annual HHI Professional Tennis League
 - A "World Famous" BillyBOB Shirt
 - A GREAT Weekend of Tennis

Please visit southbeachracquetclub.com
for more entry forms.

ENTRY FORM BELOW (Deadline is Monday, April 16 at 6 p.m.)

27th BillyBob Century Cup Doubles (April 20,21,22, 2012)

Please place ONE check in each event you wish to play. (2 event Max.)

EVENT #1 Men's ___ Ladies' ___ Mixed ___
4.0(80+) ___ 4.0(120+) ___ 80s ___ 100s ___ 120s ___ 140(4.0) ___ 150(3.5) ___

Partner's name _____ Age _____

EVENT #2 Men's ___ Ladies' ___ Mixed ___
4.0(80+) ___ 4.0(120+) ___ 80s ___ 100s ___ 120s ___ 140(4.0) ___ 150(3.5) ___

Partner's name _____ Age _____

(Each partner must fill out their own entry form)

Name _____ AGE _____ (as of Dec 31, 2012)

Address _____

City _____ State _____ Zip _____

Best 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: _____

Received by: _____

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



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