



Greenville Pickleball Spring Smash 2019

April 12th – 13th

Friday & Saturday
(rain date: Sun, Apr. 14)

Butler Springs Park,
301 Butler Springs Rd., Greenville, SC 29615



First event \$35, \$5 for the second event

Please circle your age division: <small>(age as of 12/31/19)</small>	18+	50+	65+	
	<small>(4/12)</small>	<small>(4/13)</small>	<small>(4/13)</small>	
Please circle your event(s):	Mixed Doubles	Women's Doubles	Men's Doubles	
Please circle your skill level:	2.5 - 3.0	3.5	4.0	4.5+

Player's Name: _____ **Age:** _____

Partner's Name: _____ **Age:** _____

Mixed Partner's Name: _____ **Age:** _____

Address: _____

Cell phone: () **Home phone:** ()

Email: _____

Emergency Contact: _____ **Phone:** ()

**** Please complete the entry form, credit card form, and waiver ****

Mail completed forms to:

**GCPRT- Pickleball Spring Smash
4806 Old Spartanburg Road
Taylors, SC 26987**

If registration assistance is needed, contact Joni Dilworth at 864-288-6470 or jdilworth@greenvillecounty.org



WAIVER AND RELEASE FORM

Please read carefully.

I understand pickleball activities involve running, jumping, and other physical activities, which can result in bodily injury. I hereby release and hold harmless the County of Greenville, Greenville County Parks, Recreation & Tourism, its agents and employees from any liability from any injuries or damages resulting from my participation in the 2019 Greenville County Pickleball Spring Smash. I understand photographs of participants may be taken during the tournament and I give permission for Greenville County Parks, Recreation & Tourism to use those photographs in publicity materials.

Participant's Name Printed: _____

Participant's Signature: _____

Date: _____



Office Use Only

Date: _____

By: _____

**For security and protection of your financial information
RETURN BY US MAIL OR HAND DELIVER ONLY**

Greenville County Parks, Recreation, & Tourism
4806 Old Spartanburg Road
Taylors, SC 29687
(864) 288-6470

Credit/Debit Card Payment Authorization Form

Customer Information

Last Name: _____ First Name: _____

Address: _____ City: _____ Zip: _____

Phone number: _____ Email address: _____

Payment Information

I authorize Greenville County Parks, Recreation, & Tourism to automatically charge my credit/debit card listed below for fees incurred at time of registration. I agree that I will pay for these charges in accordance with the issuing bank cardholder's agreement.

Cardholder's signature:

Date:

Credit Card Information

Circle One: **Visa or MasterCard**

Please print.

Cardholder's name:

Credit Card Billing Zip Code (required)

(as it appears on the credit card)

(from credit card billing address)

Destroyed After System Entry

Credit card number:

Expires:

CVV Code:
