



Greenville County Pickleball Smash Tournament

OCTOBER 9 & 10, 2020

Northside Park

101 W. Darby Rd., Greenville, SC 29609

**(In case of inclement weather the tournament will be moved to
Phillis Wheatley & Sterling Community Centers)**

(This is the make-up tournament for the Spring Smash that was cancelled due to COVID-19)

ENTRY FORM

First event \$40, \$45 for two events.

Player's Name: _____

Partner's Name: _____

(Please note your partner must pay the entry fee too!)

Mixed Partner's Name: _____

(Please note your partner must pay the entry fee too!)

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: () _____ Secondary Phone: () _____

Email: _____

Emergency Contact: _____ Primary Phone: () _____

Please select what applies to you:

Age Division: _____ 18+ _____ 50+ _____ 65+

Events: _____ Women's Doubles _____ Men's Doubles _____ Mixed Doubles

Skill Level: _____ 2.5-3.0 _____ 3.5 _____ 4.0 _____ 4.5+

Payment:

One Event: _____ \$40.00 Two Events: _____ \$45.00

Total: _____ \$

Please complete the entry form, credit card form, & waiver and mail completed forms to:

Greenville County Pickleball Smash Tournament

4806 Old Spartanburg Road

Taylors, SC 29687

If assistance is needed please call Joni Dilworth, 864-288-6470 or email jdilworth@greenvillecounty.org

You can also register on line at www.greenvillerec.com



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 2020 Greenville County Pickleball Smash Tournament. 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 on file 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

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:
