



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

COME ONE, COME ALL PLAY PICKLEBALL!

2nd Annual Pickleball Tournament JOPLIN FAMILY YMCA

Tournament Dates: Feb. 8 – 9 (Sat. & Sun.)
Registration Deadline: Jan. 24 to be guaranteed a shirt

This fun tournament will base brackets on registration numbers. Check-in will be 30 minutes prior to the event. We will start at 8:00 am on Sat., Feb. 8! You must be ready for the match when it is announced. If you are not at the court ready to play within 10 minutes of the match announcement, you may be asked to forfeit. We will be using the indoor, orange pickleballs. We will have medals for the 1st and 2nd place in each division. Everyone is encouraged to bring a snack to share and enjoy in the Joplin Family Y community room.

ENTRY INFO:

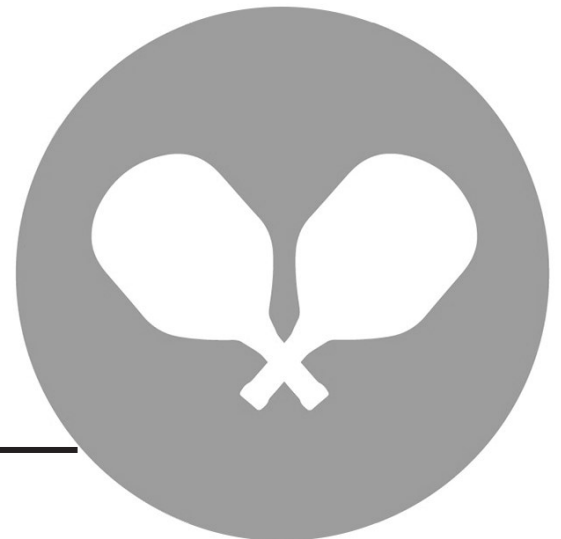
Entry Fee: \$30 & \$5 for each additional event
(Fee includes T-shirt if registered by Jan. 24.)
Must be 18 years old and over to participate.

SIGN UP TODAY!

You can sign up at the front desk of the Joplin Family Y or online at joplinfamilyy.org. If you have any questions, you may contact community volunteer, John Hirshey at 417 850 2544 or John.Hirshey@yahoo.com.

LEAGUES

Women's Doubles
Men's Doubles
Mixed Doubles



2ND ANNUAL PICKLEBALL TOURNAMENT

TOURNAMENT DETAILS

LEAGUES

Men's Doubles, Women's Doubles, Mixed Doubles

LOCATION

Joplin Family Y-3404 W. McIntosh Circle, Joplin, MO

FEES

\$30

\$5 for each additional event

(ADDITIONAL INFORMATION)

T-shirt provided. If registered by Jan. 24.

Must be 18 years old and over to participate.

1st and 2nd place medals in each division.

T-SHIRT SIZE

- SMALL XXL
 MEDIUM
 LARGE
 XL

- I am interested in a \$100 sponsorship with Individual's Name or Business' Name on back of T-shirt. (Logo & payment needed by Jan. 11)

Name (one participant/form)

Birth Date

Gender: Male Female

Address

City

State

Zip

Phone

E-mail

Men's Doubles Partner's Name

Women's Doubles Partner's Name

Mixed Doubles Partner's Name

PAYMENT INFORMATION: Check American Express MasterCard Visa Discover

Card No.

Expiration Date

CVV#

I release the Joplin Family YMCA, its coaches and officials from all claims of injury which may be sustained by the aforementioned participant while participating in any Y-sponsored activity, whether caused by negligence of the Y or otherwise. If medical attention is required, I give my permission for such medical care. I also agree to follow the Joplin Family YMCA sportsmanship standards and guidelines. By signing below, I give the Y permission to use photographs or videos of the named participant in its promotional/educational materials.

Participant Signature

Date

STAFF USE ONLY: Amount Paid

Staff

THE JOPLIN FAMILY YMCA
3404 W. McIntosh Circle Dr.
417 781 YMCA

