

**Friday Night Affair**  
**"Autumn Haze"**  
Reed Park - September 18, 2009  
7:00-10:00 p.m.

Your Name \_\_\_\_\_

Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_

Your E-Mail \_\_\_\_\_

NTRP Level:  3.0  3.5  4.0  4.5+

Circle: Male Female

**Enclose:**

Check payable to "Santa Monica Tennis Club" for \$12

**Mail to:** Marguerite Jorgensen, 560 East Channel Rd., Santa Monica, CA 90402

**SMTC Annual Club Championships**  
**October 17, 18 & 25, 2009**

Your Name \_\_\_\_\_

Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_

Your E-Mail \_\_\_\_\_ Circle: Man / Woman

**Events**

(circle a level for each event you wish to enter)

**Singles**      3.5    4.0    4.5

Will you play up one division if necessary?  Yes  No

**Doubles**      3.5    4.0    4.5

Will you play up one division if necessary?  Yes  No

Partner's Name \_\_\_\_\_

**Mixed**      3.5    4.0    4.5

Will you play up one division if necessary?  Yes  No

Partner's Name \_\_\_\_\_

**Party Only**

**Enclose:**

1) Entry fee payable to "Santa Monica Tennis Club" of **\$40 per person** for one event, **\$10** for each extra event entered. Attending party only: **\$30** per person

2) Stamped, self-addressed #10 envelope (not required if you furnish e-mail address)

**Mail to:** Marguerite Jorgensen, 560 East Channel Rd., Santa Monica, CA 90402

*I'd like to help out with this tournament: (check)*

before  during  at the party

**Friday Night Affair**  
**"Halloween Scare"**  
Reed Park - October 30, 2009  
7:00-10:00 p.m.

Your Name \_\_\_\_\_

Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_

Your E-Mail \_\_\_\_\_

NTRP Level:  3.0  3.5  4.0  4.5+

Circle: Male Female

**Enclose:**

Check payable to "Santa Monica Tennis Club" for \$12

**Mail to:** Marguerite Jorgensen, 560 East Channel Rd., Santa Monica, CA 90402

**Oakridge Athletic Club Interclub**  
at Reed Park  
**September 13, 2009**  
**2:00 p.m. - 4:00 p.m.**

Your Name \_\_\_\_\_  male  female

(h) \_\_\_\_\_ (w) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_

Your E-Mail \_\_\_\_\_

Your NTRP level:  3.5  4.0  4.5

City \_\_\_\_\_

Partner Name \_\_\_\_\_

Partner NTRP level:  3.5  4.0  4.5

**Enclose:** Check payable to "Santa Monica Tennis Club" for **\$15 per person**

**Mail to:** SMTC, c/o Marguerite Jorgensen, 560 East Channel Rd., Santa Monica, CA 90402