

7th Everbright Cup Table Tennis Tournament



October 24, 2009

Thomas Jefferson Middle School Gym
450 Division Street
Edison, New Jersey 08817
Everbright (YuCai) Chinese School
USATT Sanctioned 1 Star Tournament

Contact:

Jin Mahr (732)763-9178 principal@everbright.org

Entry Form

http://www.usatt.org/entry_forms/2009_7thEverbrightCup.pdf

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TOURNAMENT DIRECTORS: Li, YuXiang, Jin Mahr (www.everbright.org)

REFEREE: Chris Lehman, NR

RULES: All USATT/ITTF and regulations apply. USATT Dress Code will apply.

EQUIPMENT: Double Fish & Stiga tables, white 3 star DHS balls

ENTRY POLICY: All entries must include payment

ENTRY DEADLINE: Entries must be postmarked by October 19, 2009. Late entries will be charged \$5.00. Entries may be rejected if space does not permit.

Event No.	Event Name	Type	Fee	Time	1st	2nd	3rd/ 4th	Entry Limits
1	Open	RR	\$25	01:30 pm	\$300*	\$100*	\$50*	16
2	Under 2350	RR	\$25	12:00 pm	\$150*	\$75*	A/gift	16
3	Under 1950	RR	\$20	10:30 am	\$100*	\$50*	A/gift	16
4	Under 1550	RR	\$20	01:30 pm	T/gift	A/gift	A/gift	16
5	Under 1000	RR	\$15	12:00 pm	T/gift	A/gift	A/gift	16
6	Junior Under 15	RR	\$15	10:00 am	T/gift	A/gift	A/gift	16
7	Junior Under 12	RR	\$15	09:00 am	T/gift	A/gift	A/gift	16
8	Community Adult†	RR	\$10	10:00 am	T/gift	A/gift	A/gift	32
9	Community Under 18†	RR	\$10	10:00 am	T/gift	A/gift	A/gift	32
10	Community Under 11†	RR	\$10	09:00 am	T/gift	A/gift	A/gift	32

†: Community events are unrated and the match results will not be entered in USATT ratings.

*: \$=amount is the gift face value; T=EB Gift Card; A=Award Certificate

ELIGIBILITY: All players must be USATT members except for the Community events. Bring your membership card or receipt. Non-members MUST join at the tournament, or may purchase a One-Time Tournament Pass for \$10. Player ratings will be on EBTTTC website (www.everbright.org). The tournament committee reserves the right of acceptance or refusal of all tournament entries. Juniors may play in only one Junior event. Juniors must be under ages 11, 12, 15 and 18 as of tournament date

FORMAT: All events marked RR will play in a round robin group of three or four players. The player with the best record in the group will advance to the single elimination draw. In USATT events, unrated players will not advance if they win their round robin group. All matches are best 3 out of 5, 11 point games. The tournament committee reserves the right to modify the format or cancel events due to insufficient entries.

INFORMATION: Contact: Jin Mahr 732 763-9178, Li YuXiang347 322-1258 or email principal@everbright.org cc: jinmahr@Comcast.net

PAYMENT: Make checks to Everbright TTC and send to: 8 Whitetail Way, Ringoes, NJ 08551

Name _____ Club _____ USATT# _____ Exp Date _____	
Street _____ City _____ State _____ Zip _____	
Birth Date _____ Rating _____ Email _____ Phone _____	
Circle Desired Event Nos: 1 2 3 4 5 6 7 8 9 10	I agree to comply with all tournament regulations. I accept full responsibility for my participation and relieve all sponsors, and all tournament officials of any liabilities for injury to myself or my property. I agree to abide by all decisions of the tournament officials.
Total Event Fees _____ Rating Fee 7.00 Registration Fee 3.00 Late Fee _____ Membership Fee _____ Total Fees _____	SIGNATURE (Parent or guardian if junior): _____