



September 25, 2017
11 AM – 3:30 PM
200 Stoddert Place SE
Washington, DC 20019

SCHEDULE OF EVENTS

- | | |
|--------------------------------|---|
| 11 a.m. | TOURNAMENT REGISTRATION
Tournament registration will begin at 11 AM in the main lobby. |
| 11:15 a.m. – 12:15 p.m. | PLAYING TIME WITH TENNIS LEGENDS
All sponsors are welcome to enjoy one-on-one playing time with the Legends. |
| 12:15 p.m. – 1 p.m. | LUNCH BUFFET |
| 1 p.m. | PHOTO OPPORTUNITY
Photos with the Legends and Members of Congress will be available for all participants. |
| 1:30 p.m. – 4 p.m. | TOURNAMENT PLAY
Introductions and acknowledgments will be made at 1:15 PM and tournament play will begin at 1:30 PM and continue to 3:30 PM, followed by the awards ceremony. |

ABOUT WTEF

The Washington Tennis & Education Foundation (WTEF) is a premier educational and tennis organization for low income, underserved children in Washington, DC. WTEF's mission is to improve the life prospects of the District of Columbia's neediest children and youth through athletic and academic enrichment. We seek to keep children off city streets during out-of-school time, in a safe environment they can trust, by engaging them in productive activities that teach discipline, build confidence, improve school performance, and encourage a healthy lifestyle. We empower our students to achieve their highest potential by helping them develop meaningful values and the critical life skills that will lead them to make constructive life choices. Working together with the community, WTEF builds life champions. For more information about our services please visit www.wtef.org



2017 REGISTRATION FORM

CONTACT INFORMATION

Company or Individual Name:		
Contact Name:		
Address:		
City:	State:	Zip:
Phone:	Mobile:	
Email:		

PAYMENT

Enclosed is a contribution of:

- \$50,000 (20 players)
- \$25,000 (10 players)
- \$20,000 (8 players)
- \$15,000 (6 players)
- \$10,000 (4 players)
- \$5,000 (2 players)
- \$2,500 (1 player)
- I am unable to participate but would like to make a contribution of \$_____.

My check for \$_____ is enclosed, payable to the **Washington Tennis & Education Foundation**

Please charge \$_____ to my credit card: ___ Visa ___ MasterCard ___ American Express

Account Name: (Name as appears on card)	
Account Number:	Expiration Date:
Signature:	CVV Code:

REGISTRATION DEADLINE

Please complete this form and return by September 15th

- **BY MAIL** Jessica Baggetta
 Washington Tennis & Education Foundation
 16th & Kennedy Streets, NW • Washington, DC 20011

- **BY EMAIL** jbaggetta@wtef.org

WTEF 2017 CONGRESSIONAL CHARITY TENNIS TOURNAMENT

PLAYER ONE			
Name:		Nickname:	
Title:		Business Name:	
Address:			
City:		State:	Zip:
Phone:		Mobile:	
Email:			
Playing Level:	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Will Attend:	<input type="checkbox"/> One on One Hitting with the Legends	<input type="checkbox"/> Lunch	<input type="checkbox"/> Round Robin Tournament
PLAYER TWO			
Name:		Nickname:	
Title:		Business Name:	
Address:			
City:		State:	Zip:
Phone:		Mobile:	
Email:			
Playing Level:	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Will Attend:	<input type="checkbox"/> One on One Hitting with the Legends	<input type="checkbox"/> Lunch	<input type="checkbox"/> Round Robin Tournament
PLAYER THREE			
Name:		Nickname:	
Title:		Business Name:	
Address:			
City:		State:	Zip:
Phone:		Mobile:	
Email:			
Playing Level:	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Will Attend:	<input type="checkbox"/> One on One Hitting with the Legends	<input type="checkbox"/> Lunch	<input type="checkbox"/> Round Robin Tournament