

Athens GA Table Tennis – Giant Round Robin – Summer 2019

Where: East Athens Community Center, 400 McKinley Dr, Athens, GA 30601

When: May 25th, 2019 – Starts promptly at 10:00 am, please arrive and sign-in **before** 9:45am

Cost: \$10 For Athens-Clarke County Residents, \$15 for everyone else. Lunch will be provided.

Practice: Gym opens on day of tournament for practice to begin at 9:15am

Tournament Director: Sean O’Connell – USATT Certified Umpire

Matches: All games will be to 11 points; Stage 3 matches are best of 7 games, all others are best of 5 games.

Format: Giant Round Robin – Stage 1 - Preliminary Round Robin – Players divided into groups of 6 players for matches against each other. Stage 2 – Based on playing records in the Preliminary Round Robin, players will be placed into appropriate class round robin events for the Main Event (For example: A/B/C/D/E/F). Stage 3 – Single-Elimination Finals for group winners & runners-up.

Registration: Online registration is recommended: Visit <https://secure.rec1.com/GA/athens-clarke-county-leisure-services/catalog>. Look under “General Recreation-All Ages tab” and select “Table Tennis Tournament”. Please create an account and register online by May 18th, 2019. Or, cut off the bottom of this page and mail completed entry form with check or cash payment to: Athens GA Table Tennis, P.O. Box 1432, Athens, GA 30603. Liability waiver must be completed before playing on day of tournament if player not registered online.

Prizes: \$75 cash prize for 1st place / \$25 cash prize for 2nd place of ***RANDOMLY SELECTED*** Class Champion. May have some door prizes and will offer free club t-shirt to winner of top division.

Rules/Equipment: The laws of table tennis as written by the ITTF and USATT will be enforced to the best of the organizer’s ability. DHS D40+ 3 star balls used for all events. 6 tables in main gym. Don’t wear a white shirt or one with offensive content, or you’ll be asked to change shirts.

Cancellation: The organizer reserves the right to cancel the tournament or modify the format based on the number of entries.

Participant Name: _____ Age: _____ Sex: _____ USATT Rating: _____

Phone:(____) _____ Parent/Guardian Name (if under 18): _____

Address: _____ City: _____ Zip: _____

Emergency Contact: _____ Relationship: _____

Phone for Emergency Contact: _____ Your E-mail: _____