



16th Annual In The Pink Tennis Tournament
Friday, September 28th • 6:30pm Mixed In Pink
Saturday, September 29th • 9am – 12pm In The Pink

Hosted by
The Women's Committee

All proceeds benefit Marianne's Room and the Cancer Resource Center at Sentara Martha Jefferson Hospital. This is a lovely private room where patients can try on wigs, hats, and scarves to use during their chemotherapy and radiation treatment; soft post-operative prostheses are available for mastectomy patients, resource materials, support and other services to assist women through their cancer treatment.

Registration

Name _____ Phone# _____ Email _____

Address _____ City, State _____ Zip _____

Partner _____ Phone # _____ Email _____

Address _____ City, State _____ Zip _____

In The Pink - My first choice location is: (circle one)
 BHSC Farmington Forest Lakes Glenmore Keswick

In The Pink - My second choice location is: (circle one)
 BHSC Farmington Forest Lakes Glenmore Keswick

Men In Pink (circle) ACAC

Kids In Pink (circle) BHSC (ages 10-18 boys/girls)

&

Mixed In Pink (Friday, Sept 28th) (circle) Keswick

*We cannot guarantee your choice but we will do everything possible to honor your request. The sooner we receive your entry the better your chances. You will be contacted to confirm your location and name of partner if requested. **Wear lots of Pink!**

I have enclosed a check(s) for a total of \$100 for my double team registration

I have enclosed a check for \$50 and my individual registration

I have enclosed a check for \$50 for my individual registration in **Kids In Pink**

I would like to include an additional donation \$ _____

Please note this is In Honor/Memory (circle one) of: _____

TOTAL ENCLOSED \$ _____

Make your checks payable to **Martha Jefferson Hospital** and note in memo field: **ITP-TWC**

Mail to: **Martha Jefferson Hospital Foundation, 500 Martha Jefferson Dr., Charlottesville, VA 22911**



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I know that participating in an athletic event is potentially hazardous activity. I should not enter unless I am medically able and properly trained. I agree to abide by all decisions of tournament officials, relative to my ability to complete the event safely. I assume all risks associated with this event, including but not limited to falls, contact with other participants, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release all participating tennis facilities, Sentara, Martha Jefferson Hospital, and all sponsors, their representatives and successors from all claims of liabilities of any kind arising out of my participation in this event. Furthermore, I agree to be bound by the rules established with respect to this event. In addition, I understand that if the event is canceled by circumstances beyond the control of the organizers, my entry fee will not be refunded. I grant permission to all the foregoing to use photographs, motion pictures, records, or other record of this event for any legitimate purpose.

Signature_____

Date_____

Parent/Guardian_____

Date_____

Parent or guardian must sign if entrant is under 18 yrs. of age

Gifts to Sentara Martha Jefferson Hospital are tax deductible within the current provisions of the Internal Revenue Code and regulations. Please consult with your tax advisor regarding the full tax implications of your gift.

For more information call the Foundation office at (434) 654-8258

Thank You to Our Grand Slam Sponsor!

