

Wailea Fantasy Camp
November 18-22, 2009
Wailea Tennis Club • Maui, Hawaii

Registration Information

- **Fax completed registration form to:** C. Nicoloff, 808-879-0610 or mail to: Wailea Tennis Club, 131 Wailea Ike Place, Wailea, Hawaii, 96753
- **All payments must be via credit card.** Registration will not be accepted without a completed registration form and payment.
- **Registration Deadline:** 10/15/09
- **Refund/Cancellation Policy:** A 50% refund will be issued for cancellations received by 10/15/09. No refunds after 10/15/09. All cancellations must be received in writing.
- **Important:** The undersigned participant(s) acknowledge and agree that as a condition of the entry and participation in the Wailea Fantasy Camp at the Wailea Tennis Club, the undersigned for themselves, their heirs, executors, personal representatives and administrators, hereby waive any and all claims of any kind, nature and description as against Wailea Golf LLC, Great Pacific Land Corporation (GPLC), GolfBC, Wailea Community Association (WCA), The Player's Edge Tennis Association, and event sponsor(s), and the undersigned hereby releases Wailea Golf LLC, GPLC, GolfBC, WCA, USTA, HPS and event sponsor(s) from any and all liability from claims of any kind or nature, which relates to or arises from the undersigned's participation in the Wailea Fantasy Camp. As a condition of registration I grant permission to Wailea Tennis Club and The Player's Edge Tennis Association and entities to use or authorize others to use any photographs, motion pictures, recordings, or any other record of my participation in this event or related activities for any legitimate purpose without remuneration.
- **For more information:** Cathy Nicoloff, 808-879-1958 or cnicoloff@waileagolf.com

Registration Form

Player One Name: _____ USTA #: _____

Mailing Address: _____

E-Mail Address: _____

Telephone: _____ Mobile: _____ Date of Birth (m/d/y): _____

Gender: Female Male T-Shirt Size: S M L XL XXL

NTRP Skill Level (select one): 2.5 & below 3.0 3.5 4.0 4.5 5.0 & above

Player Two Name: _____ USTA #: _____

Mailing Address: _____

E-Mail Address: _____

Telephone: _____ Mobile: _____ Date of Birth (m/d/y): _____

Gender: Female Male T-Shirt Size: S M L XL XXL

NTRP Skill Level (select one): 2.5 & below 3.0 3.5 4.0 4.5 5.0 & above

Credit Card: American Express Visa Mastercard Discover JCB

Name on Card: _____ Credit Card #: _____

Expiration Date: _____ Package: Single Occupancy Double Occupancy

If Double Occupancy, name of your roommate: _____

Signature: _____ Date: _____