



2009 KIN ON TABLE TENNIS TOURNAMENT

Sat, July 11, 9:15am to 11:15am, Sun, July 12, 3pm-6pm

Crossroads Community Center

16000 NE 10th St. Bellevue, WA 98008 (425) 452-4874

Thank you for participating in the 2009 Kin On Sports Tournament. Proceeds from this event directly benefit Kin On Community Health Care in providing culturally and linguistically appropriate long-term care services to Asian seniors and families in the Puget Sound Region. Visit www.kinon.org to learn more about Kin On!

- ENTRY FEE:** \$35 per entry including one Kin On Sports Towel and one Awards Dinner ticket per participant. Friends and family (non-players) are welcome to join the Awards Dinner for \$20 per guest. Dinner tickets available online at www.kinon.org/sports.htm.
- REGISTRATION:** Please mail registration form and signed consent form along with payment (check payable to Kin On) to **Fred Yee (P.O. Box 50033 Bellevue, WA 98015) by June 1, 2009.** The first 60 entries will have first priority to enter. Entries without payment and signed consent form cannot be guaranteed of participation.
- EQUIPMENT:** 40mm 3-Star balls (white and yellow). Play is on hard wood floor.
- FORMAT:** For Singles, there will be three division: Advanced (USATT 1,350 and above), Intermediate (USATT 1,000 - 1,349) and Challenge level (under 1,000).

For Doubles, players need to find their own partners. Combined USATT cannot exceed 2,800). All doubles players must also enter the singles tournament.

Round robin play for preliminary rounds, all other rounds through final will be single elimination. 11-point games, best 3 out of 5.

Format and play roles are subject to change without advanced notice. Tournament director will have final decision on all disputes.
- SCHEDULE:** Doors will open at 9am on July 11. Players must check in 15 min prior to the starting time of their earliest event.
- PRIZES:** Awards will be presented to winning teams at the Awards Dinner
- AWARDS DINNER:** All players and friends/family are welcome to join the **Awards Dinner on July 19, Sunday, 6:30pm at Tea Palace Restaurant** (2828 Sunset Lane NE Renton, WA 98056 (425) 277-8600). Non-player dinner ticket (\$20 per guest) available online at www.kinon.org/sports.htm.
- QUESTIONS:** Contact Fred Yee, 425.277.1680, FredYee@gmail.com



2009 Kin On Table Tennis Tournament

Registration & Consent/Release Form

All players must sign this form to be eligible to participate.

SINGLES

Name: _____

Address: _____

Email: _____

Phone: _____

USATT Rating (if any): _____

Division (check one):

- Advanced (1350 & up)
- Intermediate (1000 – 1349)
- Challenge (1000 & under)

DOUBLES

Player 1: _____

Address: _____

Email: _____

Phone: _____

USATT Rating* (if any): _____

Player 2: _____

Address: _____

Email: _____

Phone: _____

USATT Rating* (if any): _____

* Combined USATT cannot exceed 2,800

The undersigned declares that he/she is in good health and in proper physical condition to participate in the 2009 Kin On Table Tennis Tournament (the "Tournament") held at Crossroads Community Center on July 11-12, 2009. The Tournament is sponsored by Kin On Community Health Care as a fund raising activity.

The undersigned understands that by participating in the Tournament, he/she will engage in potentially dangerous endeavors exemplified by, but not limited to, running, jumping, physical contact, etc. The undersigned understands and acknowledges that he/she may incur personal or bodily injury while participating in the Tournament. Accordingly, he/she assumes all risks inherited in his/her participation and accepts full and complete responsibility for any and all injuries of any kind.

The undersigned hereby specifically releases Kin On Community Health Care, Kin On Health Care Center, and their respective directors, officers, employees, agents and contractors from any liability whatsoever in connection with any injuries that he/she might suffer as a result of his/her participation in the Tournament.

The undersigned hereby grants to Kin On Community Health Care, its licensees and contractors including photographers, volunteers rights to take pictures and videotapes to post on Kin On's web site and its newsletters, all without remuneration or compensation to the undersigned whatsoever.

By signing this form, the undersigned certifies that he/she has read and understands all of its terms.

Player's Name	Player's or Guardian's (if under 18) Signature	Date Signed	Emergency Contact	Emergency Phone



INDIVIDUAL SPONSORSHIP FORM

Each player is encouraged to seek sponsorships in support of Kin On Community Health Care. All donations are tax deductible (Tax ID: 91-1286273). Gift receipts will be mailed to donors who provide contact information. Please complete and submit this form along with money collected on your event date. If you have more sponsors than space available, feel free to make copies of this form. Thank you!

Solicitor's Name: _____ **Sport:** _____

Donor Name	Contact Info	Address	Amount
1	Phone: Email:		\$
2	Phone: Email:		\$
3	Phone: Email:		\$
4	Phone: Email:		\$
5	Phone: Email:		\$
6	Phone: Email:		\$
7	Phone: Email:		\$
8	Phone: Email:		\$
9	Phone: Email:		\$
10	Phone: Email:		\$
11	Phone: Email:		\$
12	Phone: Email:		\$
13	Phone: Email:		\$
14	Phone: Email:		\$
15	Phone: Email:		\$
TOTAL			\$

*Thank you for partnering with us to support Kin On in serving the Asian elderly community!
For more information about Kin On, please visit www.kinon.org.*