



Coed Tennis

2007-08 INFORMATION SHEET
(please read entire Information Sheet carefully)

ENTRIES CLOSE: Wednesday, September 12th
SCHEDULES AVAILABLE: Tuesday, September 18th (after 12:00 noon)

Competition will be conducted with a round robin format, followed by a single elimination playoff tournament. Matches consist of an 8-game pro set with the first team reaching 8 games declared the winner. A tie-breaker will be played at 7-7; a score of 8-7 would indicate a complete match. No ad scoring (1,2,3,4) will be used.

Schedules will be available after 12:00 noon on the above listed date. Players must pick up their own schedules containing playing deadlines and a list of team phone numbers. The tournament brackets are provided and teams have the responsibility for scheduling their own matches. **If the match is not played because both teams did not appear, it will be declared a double forfeit. All teams who do not forfeit during the regular season will advance to the playoff tournament.** Deadlines for play will appear on the schedule. Extensions can be granted for extenuating circumstances; bad weather is **not** a cause to request an extension.

Winning teams shall report the score of their match by the next day at 5:00 p.m. (excluding weekends). If you play on Saturday or Sunday, report the score on Monday. Scores can be reported by calling 935-5193.

All players must sign an *Acknowledgement of Participation Statement* before they play their first match. Participants not registered in the IM Office will be considered ineligible. All participants must bring their Wash U ID.

Participants must provide their own balls and officiate their own matches.

If the number of entries warrant it, there will be separate divisions based on playing ability.

The winners of the tournament will receive IM championship T-shirts.

Please remember you **must** bring your Washington University ID's to all IM activities.

Questions??? Contact the IM Office at 935-5193.





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Female _____ Phone _____

Email Address _____

Male _____ Phone _____

Email Address _____

Please rate your team's playing ability to help us with the seeding of the tournament:

Advanced _____ Intermediate _____ Beginner _____

ELIGIBILITY STATEMENT: My signature certifies that I know and understand the Intramural Eligibility Rules and have completely checked the eligibility of all players on this roster. I assume responsibility for any discrepancies that might arise concerning this roster. I understand that failure to comply with the Eligibility Rules or other Intramural participation rules will result in action as outlined in the Intramural Sports Constitution and By-Laws.

Participant's Signature