



**Capitala Community Cup
Registration Form**

Entry forms **MUST** be submitted by Wednesday 28th October 2009

Participant Information

First Name:		Surname:	
Address:			
City:		Country:	
PO Box:		Telephone:	
Parents Telephone (for Juniors only):			
Email:			
Sex (please circle):	Male / Female	Age:	Date of Birth:

Club Information

Tennis Club:	
Name of Coach:	
How often do you play tennis (please circle):	
Once a week	Yes / No
Once a month	Yes / No
Whenever I can	Yes / No

Capitala Community Cup Information

Location: I would prefer to play in (please circle):		Dubai	Abu Dhabi
Which age group do you want to participate in (please tick):			
8 – 10 year old			
Under 12			
Under 14 Girls			
Under 14 Boys			
Under 16 Girls			
Under 16 Boys			
Adults Mixed Doubles*			
Name of Mixed Doubles Partner			

Signature of Applicant:	Date:
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Please return the completed form as soon as possible to IMG by fax or email no later than **Wednesday 28th October 2009**.

Fax: +971 50 408 8300

Email: communitycup@capitalawtc.com

*Please note that for the Adults Mixed Doubles tournament, you must enter with a partner as you will not be paired with someone on the day.