



## **Top Spin Series Circuit Tournament**

**Sunday, November 6<sup>th</sup> at 10.30am**

**LIMIT TO FIRST 24 PLAYERS. PLEASE REGISTER EARLIER**

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<b>Location:</b>	106 Martin Ross Ave, Toronto, ON, M3J 2L4
<b>Phone:</b>	647-298-2243
<b>E-mail:</b>	<a href="mailto:topspin@topspintoronto.com">topspin@topspintoronto.com</a>
<b>Website:</b>	<a href="http://www.topspintoronto.com">www.topspintoronto.com</a>
<b>Check-in and warm-up:</b>	10.15am. Tournament will begin promptly at 10.30am
<b>Registration Deadline:</b>	Registration form with a full payment must be received before the deadline by Thursday, November 3rd,22
<b>Registration fee:</b>	Members - \$50 Non-Members - \$55
<b>Method of payment:</b>	E-transfer Payment to e-mail: <a href="mailto:topspin@topspintoronto.com">topspin@topspintoronto.com</a> OR drop-off at the Club.
<b>Uniform:</b>	Non marking, non dark sole shoes are must on <b>TINSUE floor</b> and changed inside the facility; Shorts,T-shirts and towels are expected. Shoes and rackets rentals are available on site, \$3.  <i>Table Tennis uniform and equipment are available in Top Spin Store.</i>
<b>Format:</b>	Round Robin groups follow with a next Divisions Rounds, or other Non elimination format.

**\*\*Top Spin reserves the rights to modify or cancel the event, or any final decisions, or format and prizes if there are insufficient entries.**

## **Registration Form**

<b>First /Last Name:</b>	
<b>Level:</b>	
<b>E-mail (please print):</b>	
<b>Phone:</b>	
<b>Total Paid:</b>	

By entering this tournament, I assume full responsibility for my participation and therefore relieve the event organizer from any liability for loss, damage or injury that may occur. TOPSPIN Table Tennis Center reserves the right to photograph and video record all participants involved in TOPSPIN programs to be used solely for the purpose of promotional material and publication. Therefore, I, the undersigned, waive any rights of compensation or ownership thereto. Undersigned agrees to all terms, conditions of enrolment & club policies of TOPSPIN Table Tennis Center

**Date** \_\_\_\_\_

**Signature (Parent for minors)** \_\_\_\_\_