

2024 Girls Varsity Awards Dinner

Sponsored by:



Day: Tuesday
Date: November 5, 2024
Time: 6:30 PM to 9:30 PM (*Check-in starts 6:10pm*)
Location: Villa Lombardi 877 Main Street, Holbrook, NY 11741
Registration Fee: \$68.00 per player and per guest. *At-the-door: \$80.00*



suffolktenniscoaches.org



Celebrate the 2024 Girls Tennis season with all of your teammates!
ENJOY DINNER - PRIZES - \$1 RAFFLES FOR TENNIS EQUIPMENT (BRING SINGLES)
RECOGNITION - AWARD RECIPIENT PHOTOS
MUSIC AND 2 DANCING SESSIONS (DANCING AFTER-PARTY) !!

Organized by:



Directors: Joe Arias,
Jimmy Delevante

Over 300 post-season awards presented for Suffolk County Girls Varsity Tennis Team 2024 tennis season accomplishments.

INDIVIDUAL AWARDS

All-League, All-Division, All-County, All-State, *Section XI*

TEAM AWARDS

Suffolk County Champion Division Champs

Coaches of the Year

Suffolk County Team Tournament Awards

TEAM SPORTSMANSHIP AWARDS
Presented to one player selected from each team in Suffolk County by the Coach!

SPECIAL AWARDS
Play For Pink Tournament
Scholar Athlete Scholarships

HOW TO REGISTER

ONLINE: Credit card registration available at: www.scjtl.org Click link: "Suffolk County Girls Varsity Tennis Awards Dinner"
Online registration deadline: 11:59pm - Sunday, November 3, 2024

MAIL-IN: Detach along solid line below and mail to: **SCJTL, 33 Sheppard Lane, Smithtown, NY 11787**
Mail-in registration deadline received by: November 1, 2024

Questions: scjtl@ariastennis.com | 631-590-5019 | Fax: 631-590-5019

Registration Fee: \$68.00 p.p. For multiple registrations: write players names on same line or in back of form. Indicate total amount for all players enrolled.
Confirmation of registration made by e-mail only upon receipt. Cancellation policy: Registration limited and registration guarantees entry.
No refunds for absence or cancellations within 10 days of event date. \$10 service charge for all cancellations.



Journal Congratulatory note (\$5)
Limit to lines provided. Please write clearly

Full payment of \$65.00 per person including school tennis player .

(if not paid by school - check with coach) must accompany this form. Make checks payable to **SCJTL**.

PLAYER NAME: First: _____ Last: _____

ADDRESS: _____

City: _____ NY Zip: _____

PHONE: Home: _____ Cell: _____

Email Address: _____

(Registration confirmed by email please write clearly).

School: _____ Coach: _____

Age: ____ Grade: ____

CALCULATE REGISTRATIONS: Number of Players: _____ + Number of Guests: _____ = **Total Attendees:** _____ (*Carry to next line.*)

CALCULATE REGISTRATION FEE:

Total Attendees: _____ x \$68.00 = **TOTAL REGISTRATION:** \$ _____ + **JOURNAL (\$5)** _____ = **TOTAL REGISTRATION:** _____ Paid Check#: _____

CREDIT CARD PAYMENT: MC: __ Visa __ Discover: __ Card#: _____ Exp. Date: _____

Name on Card: _____ Street Address: _____ Zip: _____

Please charge my credit card full payment of the **TOTAL REGISTRATION** signature: _____

Please sign: I have read and accept the conditions of this event. I agree to follow all established NYS COVID-19 safety guidelines and protocols, current and leading up to this event. I will allow my registered player(s) and guests to attend this event without assumption or responsibility of any kind by the Suffolk County Junior Tennis League (SCJTL), Arias Tennis Corp. (ATC), Suffolk County Tennis & Education Foundation (SCTEF) or any officers, staff or volunteers organizing this event. I also allow my player and guests to be included in photographs and videos during the event. I grant SCJTL and ATC the right in perpetuity to record in tangible form and use my name, performance, likeness, voice and biography, in any and all media (including the right to produce, display, sublicense and otherwise use motion pictures, still pictures and live, taped or filmed television and other reproductions of me), and for all purposes, including, without limitation, for purposes of advertising and promotion of the SCJTL and the event. Any such use of my name, performance, likeness voice, or biography hereunder shall be without separate compensation to me or to my heirs or assigns.

Parent/ Guardian: _____ Date Signed: _____