



## THE LEAMINGTON TENNIS COURT CLUB

50 BEDFORD STREET, LEAMINGTON SPA, WARWICKSHIRE CV32 5DT  
TEL: (01926) 424977 FAX: (01926) 435724

### THE LEAMINGTON OVER 60s HANDICAP LADIES SINGLES 19<sup>th</sup> – 21<sup>st</sup> April 2013

We invite you to play in the first Leamington Tennis Court Club Over 60s handicap ladies singles tournament. The tournament is for ladies who have a handicap of 60 or more. This will enable players to play off their actual handicap rather than it being capped as is the case for many tournaments.

The cost is £40 and includes at least 3 matches, Saturday lunch and tea & coffee over the weekend. Matches will consist of one 6 game set. Players will play in a round robin followed by a knockout stage.

Depending on numbers, some matches may be held on the Friday and we will select those players who have stated that they are able to do so. (Please let the organisers know on your entry form whether you are able to play on the Friday and from what time.) All other matches will be played on Saturday and Sunday.

There will be a simple lunch on the Saturday, the cost of which will be included in your entry fee. If we have sufficient numbers there will be a traditional Sunday roast available on the 21<sup>st</sup> for an extra fee of £7. The bar will be open all weekend. We encourage you to bring guests to cheer and support from the dedans. Please let us know if your guests would like lunch on the Saturday at a cost of £5pp and the Sunday roast at a cost of £12 for non-players (see below).

Please send your entry form back by e-mail if that suits you to [georgianahw@googlemail.com](mailto:georgianahw@googlemail.com)

Best wishes

Georgiana Seigneur

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Entries by Friday 12<sup>th</sup> April, 2013 at the latest please

Entrant ..... T&RA handicap ..... Club .....

Tel. .... mob. .... E-mail .....

I am available for play on Friday 19<sup>th</sup> April from .....

I would like to have the traditional Sunday roast (if numbers permit): player:..... guests.....

I enclose a cheque payable to LTCC/I am a member of LTCC will have it put on my monthly bill.

Total ..... Signed .....