



Ronald McDonald House  
Charities of Nashville Presents  
**"Make a Racquet for Kids"**  
Tennis Tournament

**Saturday, September 18, 2010**

**Centennial Sportsplex**

**Registration begins at 8:00 a.m. and Tournament begins at 9:00 a.m.**

*All proceeds benefit the programs of RMHC of Nashville, including the 32-bedroom Ronald McDonald House and the Ronald McDonald Family Room at Monroe Carell Jr. Children's Hospital at Vanderbilt. Your \$105 entry fee will provide the funds for a family to stay for one week at the Ronald McDonald House. The fee includes breakfast, lunch, on-court refreshments, silent auction and an awards presentation ceremony.*

Yes, I would like to participate in the Tennis Tournament, benefiting RMHC, as a:

- "Match Sponsor" at \$5,000       "Set Sponsor" at \$2,500       "Game Sponsor" at \$ 1,000  
 "Deuce Sponsor" at \$500.       "Love Sponsor" at \$ 250       "Shirt Sponsor" at \$250  
 "Breakfast Sponsor" at \$250       "Lunch Sponsor" at \$ 250       "Sideline Sponsor" at \$ 250  
 "Tennis Ball Sponsor" at \$250       "Court Sign Sponsor" at \$ 150       "Program Ad Sponsor" at \$ 100

Yes, I would like to reserve \_\_\_\_\_ tennis player spots in the Tennis Tournament, benefiting RMHC, at \$105 per player.

No, I am unable to participate in the Tennis Tournament, benefiting RMHC, but enclosed is my donation in the amount of:

\$500       \$250       \$150       \$100       Other

**Please list player name(s), email(s) and NTRP Level(s) below  
(NTRP Scale 1.0 - 7.0. Note: 2.0 Beginner, 3.5 Intermediate, 4.5 Advanced, 7.0 Professional)**

<b>Tennis Player Name</b>	<b>Email Address</b>	<b>NTRP Level</b>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____



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**Payment Information**

Name \_\_\_\_\_

Email \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ FAX \_\_\_\_\_

I would like to pay by: Check \_\_\_ MasterCard \_\_\_ VISA \_\_\_ AMEX \_\_\_ Total enclosed: \$ \_\_\_\_\_

\_\_\_\_\_  
Name as it appears on card (Please print.)

\_\_\_\_\_  
Card Number

Expiration Date

Card CVV Code

(Card CVV Code: (For VISA or MasterCard: look for a three digit code on the backside of your credit card (last three digits in the series of numbers);  
American Express: look for a four digit code on the right side of the front of your credit card (above the credit card number.)

***Please return this form to RMHC of Nashville at 2144 Fairfax Ave., Nashville, TN 37212, email to  
[heather@rmhcnashville.com](mailto:heather@rmhcnashville.com) or fax to (615) 343-4004***