



ADULT TOURNAMENT OF THE YEAR

State: _____ Name of Tournament: _____

Tournament Director:

Name: _____ Facility: _____

Address: _____

Home Phone _____ Business Phone: _____

E-Mail: _____ Fax: _____

years event at this location: _____ # of players: _____ # of volunteer workers _____

Age groups offered: Mens: _____ Womens: _____

Circle: Singles only Doubles only Singles/Doubles Mixed Doubles

If not in name of tournament, list type: i.e. USTA Men's National 30 Clay Court Chmps., USTA/Southern Section Sr. Clay Court Closed, LA State Closed 35s Indoor Chmps.

Tournament Organization:

Rate (1 = Poor, 7 = Excellent)

- ___ Match scheduling
- ___ Seeding
- ___ Adherence to USTA rules
- ___ Officiating
- ___ Recognition of good sportsmanship
- ___ Practice courts available
- ___ Tournament staff friendly/helpful
- ___ Sufficient number of volunteers
- ___ Media coverage
- ___ Viewer seating

Tournament amenities:

Check if applicable:

- ___ Copies of draw available
- ___ Water/Ice Available
- ___ Breakfast provided
- ___ Lunch provided
- ___ T-shirts provided
- ___ Other gift
- ___ Special rates for housing
- ___ Other recreational events provided
- ___ Adequate restrooms
- ___ Banquet/pizza party provided

Other comments: Include sponsorships if applicable

Please submit supporting articles, photos, letters, etc. with nomination form to Brenda Witt at the USTA Tennessee office by Friday, September 10, 2010. Please keep nominations to a maximum of ten (10), 8 1/2" x 11" pages. Please DO NOT staple your pages together. If you are handwriting your nominations please make sure it is legible. The awards committee WILL NOT accept professionally bound nominations or oversized posters, videotapes, flipcharts, t-shirts, etc.

Submitted by: _____ Phone: _____