



# COBB HOMECOMING CLASSIC TENNIS TOURNAMENT



**Please join us! Hit the court for...**

**...helping successful students attend college**

**...providing enrichment for kids after school**

**...supporting innovation in the classroom**

## SPONSORSHIP OPPORTUNITIES

### TOURNAMENT SPONSOR - \$250

- Includes large sign at the tournament and up to two (2) tennis players

### COURT SPONSOR - \$100

- Includes corporate name on 4' x 2' banner displayed on tennis courts

The Cobb Schools Foundation is a charitable non-profit organization dedicated to supporting, rewarding and enhancing educational opportunities for Cobb County School District staff and students by

- Recognizing and rewarding excellence in teaching and learning
- Promoting innovative instruction through grants to our teachers and schools
- Ensuring a successful educational environment.

**At** Brookstone Country Club Tennis Courts  
5705 Brookstone Dr.  
Acworth, GA 30101

**On** **Monday, September 27, 2010**  
Registration - 12:30 p.m.  
Clinic - 1:30 p.m.  
Play begins - 2:30 p.m.

**For** All levels of tennis players -  
Doubles tournament: single entries  
(Men/Women) paired for rotating  
'Round Robin' format

**Cost** **\$55.00 per person**

**Includes**

- Tournament T-shirt
- 1-hour clinic with tennis pro
- Dinner party & beverages
- Silent auction
- Prizes awarded to players with most games won

## COBB HOMECOMING CLASSIC TENNIS REGISTRATION

**Sponsorship Level**  Tournament (\$250)  Court (\$100)

**Player Registration**  \$55 per player

Player Name \_\_\_\_\_ Company Name \_\_\_\_\_

Address \_\_\_\_\_

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

E-mail \_\_\_\_\_

NTRP/USTA Rating (if applicable) \_\_\_\_\_

or Level (circle one): Beginner Intermediate Advanced Andre Agassi

Return this form, along with your registration fee to:  
Cobb Schools Foundation, 514 Glover St. Marietta, GA 30060  
or fax to (678) 594-8559

Please make checks payable to **Cobb Schools Foundation**  
For more information contact Sheri Brante  
at [Sheri.Brante@cobbk12.org](mailto:Sheri.Brante@cobbk12.org) or (770) 426-3390.

### Method of Payment

Check  Credit Card (fill out information below)

Name on Card \_\_\_\_\_

Card # \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_