## 2024 HCTTC CIRCUIT

Sponsored by Joola®

2024-05-04 | 2024-06-01 | 2024-07-06 | 2024-08-03 | 2024-09-07 | 2024-10-05

## **Howard County Table Tennis Club**

www.hctt-md.com | 9505 Berger Rd Suite 200, Columbia, MD 21046

**General Manager**: Fan Yang **Email**: <u>info@hctt-md.com</u> **Phone**: 443-583-4520

EVENT DAY START COST PRIZES\*

EVENT	DAY	START	COST	PRIZES*		
U-1300 RR	Saturday	09:00 AM	\$20 (\$15 Jr)	Trophies		
U-1600 RR	Saturday	11:00 AM	\$20 (\$15 Jr)	Trophies		
U-1900 RR	Saturday	09:00 AM	\$20 (\$15 Jr)	Trophies		
U-2100 RR	Saturday	11:30 AM	\$25	1 <sup>st</sup> \$80;2 <sup>nd</sup> \$40; 3 <sup>rd:</sup> \$20		
Open RR	Saturday	02:00 PM	\$35	1 <sup>st</sup> \$150;2 <sup>nd</sup> \$80; 3 <sup>rd:</sup> \$30		
Referee: Fan Yang (	Club Umpire)					
Rules: Sanctioned b	y USA table tennis.	USATT regulations ap	pply.			
<b>Equipment</b> : Joola tables, nets, red rubber floors and Joola Prime 3-Star Plastic Balls. ITTF/USATT approved equipment only						
Format: All events are round robin followed by single elimination. All matches are best 3 of 5. All unrated players are not						
allowed to advance to the SE round (only except Open event); Player can have a maximum of 3 round robins. The General						
Manager reserves the right to modify or cancel events and/or prize money if there are insufficient entries.						
<b>Membership</b> : Proof of USATT membership is required. Membership may be purchased at the tournament. Basic membership						
is \$25/year, Pro plan	: \$75/year.					
Star level: 0-star						
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2023 HCTTC Circuit Entry Form (register online at: <a href="http://omnipong.com">http://omnipong.com</a> , search for HCTT)						
				Aug 3 Sep 7 Oct 5		
ricase circle tire	tournament dat	CS. Wildi	7 7 7	tug 3 dep 7 det 3		
Please circle the	events you wou	ld like to enter:				
U-1300 U-1600 U-1900 U-2100 Open						
		<u> </u>				
Make checks payable to MDTTA; pay entry fees (check or cash) on site on the tournament day.						
Entries must be received by 8 pm on the Friday before the tournament day.						
Nama		LICATT#/Fvoi	ration /	Birth Date:		
Name		USATT#/EXPI	ration/	Birtii Date:		
A al al			C:L.	Chata ZID		
Address			City	State ZIP		
61		- "		LICATT D		
Phone:		Email:		USATT Rating		
Donation to US national team: \$						
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				Policy, which requires that all persons who		
				JSATT Sanctioned Tournaments, except ort Compliant, which includes completing		
parents of le	gai guai uiaiis cuaci	iiig tileli owii tilllule	ii, iiiust be fully sale spo	ort compilant, which includes completing		

SafeSport Training offered by the US Center for SafeSport every year and undergoing a queers.	criminal background screen every two
I understand that, pursuant to USATT's Minor Athlete Abuse Prevention Policy, a Tournaments who are over the age of 18 and have regular contact with or authority over minor athletes must complete annual SafeSport Training offered SafeSport.	
More information on USATT's Safe Sport Policy is available at: https://www.teamusa.orgtennis/athlete-safety/safe-sport.	g/usa-table-
Signature (Parent must sign if under 18)	Date

