

Mid-Cities Supporters of SafeHaven 2016 Tennis Benefit

Our 25th Year!

Play Tennis to Support Children's Programs at



*Women
Serving
Women!*

100% of your entry fee goes directly to SafeHaven.



**Enjoy a light breakfast,
snacks and lunch. Player
gift and event raffle!**

**Registration/payment cut-off:
Until event is filled, or May 2nd.**

Warm-Up/Registration:

8:15-8:45 a.m.

Event starts promptly at 8:45 a.m.

Lunch and Awards: 1:00-2:00 p.m.

**For more information about the
mission and services of SOS,
please visit our website at**

mid-citiessos.org

**In case of a complete rainout,
the event will be held one week later.**



*The Largest Women's
Tennis Charity Event
in Texas!*

Tuesday, May 10: Levels 3.5B* and 3.5A

Wednesday, May 11: Levels 4.0B*, 4.0A+ and 2.5

Thursday, May 12: Levels 3.0B* and 3.0A

Southlake Tennis Center *B is lower division

**Set Partner Round Robins Doubles, with a playoff for division winners.
Each team is guaranteed 5 rounds of play.**

Information:

Mia Poorman • 817-421-5605 • mia@southlaketennis.com
www.southlaketennis.com

Please select level of play:

May 10 - Level: 3.5B* 3.5A

May 11 - Level: 4.0B 4.0A+ (1-4.0 & 1-4.5 max) 2.5

May 12 - Level: 3.0B* 3.0A *B is lower division

SOS Tennis Benefit

On-line Registration: www.usta.com, click
on Tennis Link for Tournament #800048516

Or Mail to: Southlake Tennis Center
450 W. Southlake Blvd.
Southlake, Texas 76092

It's spring cleaning time again! Donations for SafeHaven clients and thrift
store may be dropped off at front entrance of Tennis Center during Benefit.

Name _____ Email _____

Street _____ City _____ Zip _____ Phone _____

Partner _____ Email _____

Street _____ City _____ Zip _____ Phone _____

Please enclose a check for \$50 per player payable to Mid-Cities SOS. (MasterCard/Visa accepted.)

100% of registration goes to SafeHaven. To guarantee entry, registration and payment must be received by May 2, 2016.

I cannot participate, but would like to make a tax deductible contribution \$10 \$20 \$40 \$100

Name on Credit Card _____ VISA/MC # _____

Amt to be charged: _____ Zip Code _____ Exp. Date _____ Code _____