Dear IVY / Seven Sister schools’ alumni and friends,

We invite you to join us for one of the most popular IVY/Seven Sisters alumni tennis party for players of all levels and ages over 18*. It is an enjoyable way to socialize, meet tennis partners, and network with IVY /Seven Sisters alumni members and their guests.

* If a player is under 18 years old (limited to Advanced girl or boy), please contact Kuni.

Information: Kuni Matsuda, 240 294 5736 (w), 703-622-7999 (c), Stardust@smart.net

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**Ivy/Seven Sister Schools Summer Indoor Tennis Party**

Round-Robin Mixed Doubles for all levels and ages over 18.

Organized by the Harvard Club of Washington DC

**DATE & TIME:** Saturday, August 26th 2017 from 6:50pm till 11:50 pm

**PLACE:** Four Seasons Tennis Club, 703 573 5105

3010 Williams Dr., Merrifield VA 22116

**ADMISSION:**
- Player - advance registration: $25 per person (check or credit card)
- Player - door admission: $30 per person (cash or check; no credit card)
- Non-playing guest: $10 per person (any circumstances)

**Tennis party policies:**
1. Advance registration can be made only by mailing this form with a check to the address below, or paying by credit card (no form is necessary) at the Harvard Club Web-site shown below by clicking on the listing in the event calendar. Please bring a copy of your online registration confirmation to the event.
2. All payments must be received by 08/25/2017 to qualify for the advance registration price. There is no registration by fax, email or telephone.
3. Requests for refunds must be received by 3 pm on 08/25/2017.
4. Door payment is cash or check only.
5. Each attendee is responsible for any damage to the facility, injuries or accidents in connection with this function.
6. All attendees are expected to be cooperative, to refrain from any disruptive activity, and to always follow good sportsmanship and tennis etiquette.

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**Reservation Form:** IVY/Seven Sister Schools Summer Indoor Tennis – August 26, 2017

____ Players @ $25/person and ____Non-playing Guest @ $10/person =Total $_____

NAME ________________________________ (M / F), SCHOOL________________________

Address_____________________________________________________________________

PHONE________________________(w), Email: _________________________________

Playing Guest names and their level of play: _________________________________

Non-Playing Guest names: ________________________________________________

**Registration and Payment methods:**
Please make checks payable to: Harvard Club of Washington D.C.
3220 N Street, NW #295, Washington DC 20007
Credit Card Registration and Payment: http://hcdc.clubs.harvard.edu/article.html?aid=1439