

7th Annual 第七屆健安慈善運動會  
**Kin On Sports Tournament**



## 2014 KIN ON TABLE TENNIS TOURNAMENT

**SAT, June 7, noon-7:30pm | Crossroads Community Center**

16000 NE 10<sup>th</sup> St. Bellevue, WA 98008 | 425.452.4874

Thank you for participating in the 2014 Kin On Sports Tournament. Proceeds from this event benefit the Kin On Expansion Project to include a new community center, assisted living facility, adult family home, and nursing home renovations (short-term rehab wing expansion and sun room). Visit [www.kinon.org](http://www.kinon.org) to learn more!

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**ENTRY FEE**      **\$60 per entry** (tournament and dinner) – full payment due regardless of dinner attendance  
\$20 (addition dinner)

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**REGISTRATION**      **Online registration is preferred and available at <https://kinon.ejoinme.org/KinOnTableTennis>**  
If by mail, registration and signed consent form along with payment (check payable to Kin On) to **Raymond Tse (4312 NE 6th Ct. Renton, WA 98059, [raymondts@yahoo.com](mailto:raymondts@yahoo.com))** by **May 27, 2014**. The first 50 entries will have first priority to enter. Entries without payment and signed consent form cannot be guaranteed participation.

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**EQUIPMENT**      40mm 3-Star balls (white and yellow). Play is on hard wood floor.

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**FORMAT**      **Singles:** There will be three divisions: Advanced (USATT 1,350 and above), Intermediate (USATT 1,000 - 1,349) and Challenge level (under 1,000).  
**Doubles:** Players need to find their own partners. Combined USATT cannot exceed 3,000).  
All doubles players must also enter the singles tournament.  
\*Rating level may be subject to change without notice.  
  
Round robin play for preliminary rounds, all other rounds through final will be single elimination. 11-point games, best 3 out of 5.  
  
Format and play roles are subject to change without advanced notice. Tournament director will have final decision on all disputes.  
  
Limited to 50 players, first come, first serve.

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**PRIZES**      Awards will be presented to winners at the end of the tournament.

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**CELEBRATION DINNER**      Join us for a celebration dinner following the tournament, **8pm at Cafe Ori**  
(14339 NE 20th Street, Bellevue, WA 98007, 425.747.8822)

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**QUESTIONS**      **Tournament Committee:**  
Fred Yee      425.277.1680      [fredyee@gmail.com](mailto:fredyee@gmail.com) (Chair)  
Raymond Tse      425.276.5693      [raymondts@yahoo.com](mailto:raymondts@yahoo.com)  
Andy Lo      206.550.1420      [lohongka@hotmail.com](mailto:lohongka@hotmail.com)  
Phillip Fung  
Frank Jin

**Kin On Fund Development Office:**  
206.721.3630 or [development@kinon.org](mailto:development@kinon.org)

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**WEBSITE**      Visit [www.kinon.org](http://www.kinon.org) for latest event information  
Check out event blog at [www.kinonsports.org](http://www.kinonsports.org)

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### Registration & Consent/Release Form

**All players must sign consent form before participating in the tournament.**

#### SINGLES

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

USATT Rating (if any): \_\_\_\_\_

Division (check one):

\_\_\_\_ Advanced (1350 & up)

\_\_\_\_ Intermediate (1000 – 1349)

\_\_\_\_ Challenge (1000 & under)

#### DOUBLES

Player 1: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

USATT Rating\* (if any): \_\_\_\_\_

Player 2: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

USATT Rating\* (if any): \_\_\_\_\_

**\* Combined USATT cannot exceed 3,000**

The undersigned declares that he/she is in good health and in proper physical condition to participate in the 2014 Kin On Table Tennis Tournament (the "Tournament") held at Crossroads Community Center on June 7, 2014. The Tournament is sponsored by Kin On Community Health Care as a fund raising activity.

The undersigned understands that by participating in the Tournament, he/she will engage in potentially dangerous endeavors exemplified by, but not limited to, running, jumping, physical contact, etc. The undersigned understands and acknowledges that he/she may incur personal or bodily injury while participating in the Tournament. Accordingly, he/she assumes all risks inherited in his/her participation and accepts full and complete responsibility for any and all injuries of any kind.

The undersigned hereby specifically releases Kin On Community Health Care, Kin On Health Care Center, and their respective directors, officers, employees, agents and contractors from any liability whatsoever in connection with any injuries that he/she might suffer as a result of his/her participation in the Tournament.

The undersigned hereby grants to Kin On Community Health Care, its licensees and contractors including photographers, volunteers rights to take pictures and videotapes to post on Kin On's web site and its newsletters, all without remuneration or compensation to the undersigned whatsoever.

By signing this form, the undersigned certifies that he/she has read and understands all of its terms.

Player's Name	Player's or Guardian's (if under 18) Signature	Date Signed	Emergency Contact	Emergency Phone

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### Sponsorship Form

Each player is encouraged to seek sponsorships in support of Kin On Community Health Care. All donations are tax deductible (Tax ID: 91-1286273). Gift receipts will be mailed to donors who provide contact information. Please complete and submit this form along with money collected on your event date. Thank you!

Solicitor's Name: \_\_\_\_\_ Sport: \_\_\_\_\_

Donor Name	Contact Info	Address	Amount
1	Phone: Email:		\$
2	Phone: Email:		\$
3	Phone: Email:		\$
4	Phone: Email:		\$
5	Phone: Email:		\$
6	Phone: Email:		\$
7	Phone: Email:		\$
8	Phone: Email:		\$
9	Phone: Email:		\$
10	Phone: Email:		\$
11	Phone: Email:		\$
12	Phone: Email:		\$
13	Phone: Email:		\$
14	Phone: Email:		\$
15	Phone: Email:		\$
<b>TOTAL</b>			\$

**Thank you for partnering with us to support Kin On in serving the Asian elderly community!**