



Registration: Tennis Fantasies with The Legends

March 5 - 8, 2026

MAKE YOUR TENNIS FANTASIES COME TRUE!

YES! Sign me up for Tennis Fantasies with the Legends Program for Men and Women

Enclosed is my non-refundable deposit of \$500 per person. I understand that full payment is required by February 1, 2026 (payable in U.S. dollars and drawn on a U.S. Bank).

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Email: _____

Age: _____ HT: _____ WT: _____ Occupation: _____

Men's Pull-Over Size: **XXL*** **XL** **L** **M** **Shirt Size:** _____ **T-Shirt Size:** _____

Women's Pull-Over Size: **XXL*** **XL** **L** **M** **Shirt Size:** _____ **T-Shirt Size:** _____

*Pending availability

<u>Men's / Women's Program: March 5 - 8, 2026</u>	<u>Paid in Full by</u> 12/1/25	<u>Paid in Full after</u> 12/1/25
<input type="checkbox"/> Courtside Room - Single Occ.	\$1,850	\$1,940
<input type="checkbox"/> Courtside Room Double Occ. <i>Sharing a room with:</i>	\$1,660	\$1,740
<input type="checkbox"/> Courtside Condo - Single Occ.	\$2,040	\$2,140
<input type="checkbox"/> Courtside Condo - Double Occ. <i>Sharing a room with:</i>	\$1,850	\$1,940

Non tennis participating guest rate: \$600

Cost of your "Tennis Fantasies" includes all your tennis activities, meals, and lodging.

PAYMENT OPTIONS:

Please charge \$_____ to my **credit card**. **CIRCLE ONE:** Visa | MasterCard | American Express

Please note that all credit card charges will be subject to a 3% fee.

All transactions will appear on your bank statement as processed by "The Club at Harper's Point."

Card # _____ Exp. Date: _____ CVV: _____

Signature: _____

OR

Make **checks** payable to: Tennis Fantasies, Inc. and mail to:
Tennis Fantasies, Inc.
8675 E. Kemper Rd.
Cincinnati, Ohio 45249

FOR MORE INFORMATION:

Contact Event Director, Steve Contardi: 513.489.9700
Email or fax completed registration forms to:
stevec@towneproperties.com
513.489.5244 (fax)