

Dear Friends,

You are cordially invited to join us at North America's largest full time Table Tennis Center on Saturday and Sunday, November 7 - 8, 2009 for the APA Charitable Table Tennis Tournament. The Tournament will be held at the ICC Table Tennis Club at 1453 Milpitas Blvd, Milpitas, CA 95035.

This open challenge tournament is a 2-day event featuring 80 players in 40 teams for the championship. All proceeds will benefit APA's "Home Away From Home" Building Fund Campaign for a permanent facility to better serve API immigrant families and children. In addition, we hope to expand the social networking for all table tennis players, fans and friends through this open challenge to further develop their interest and activities for the sport.


We appreciate your participation as a player, sponsor or donor or your organization's involvement as a corporate sponsor of any level specified in our pamphlet. Please visit our website at www.apasfgh.org. If you have questions, please contact Herbert Dong at (415) 617-0061, email zhengdong@apasfgh.org or Adella Lau at (415) 616-9797, email: adella@apasfgh.org.


APA Family Support Services is a 501 (C)(3) non-profit agency. All donations are tax deductible to the extent permitted by law. Our tax ID is 94-3164091.


Once again, thank you for your consideration. We anticipate meeting you at the APA Charitable Table Tennis Tournament!

Sincerely,


Mai Mai Ho, LCSW
Executive Director


Jacqueline Huie
Tournament Co-Chair


Nicholas Chung
Tournament Co-Chair


Joseph Yick
Tournament Director

Organizing Committee:
Tom Li Kent Leung
Blanche Kung Herbert Dong Anna Le

APA Charity Table Tennis Tournament ICC Table Tennis Club

November 7 - 8, 2009

USATT Rule Olympic Team Format

Program

November 7, Saturday

- 7: 30 a.m. – 8: 30 a.m. Registration
- 8: 30 a.m. – 9: 30 a.m. Opening Ceremony
- 9: 00 a.m. – 5: 30 p.m. Preliminary Round (4 team/group)
- (11:30 a.m. – 1: 30 p.m. Lunch available at Break Lounge)
- 5: 30 p.m. Conclusion of Preliminary Round and Draw for Sunday Final Round Robbin

November 8, Sunday

- 8: 00 a.m. – 8: 30 a.m. Registration
- 8: 45 a.m. – 4: 30 p.m. Final Round matches
- (11:30 a.m.– 1: 30 p.m. Lunch available at Break Lounge)
- 4: 30 p.m. Award and Closing Ceremony

- ◆ **Players must check in 30 minutes prior to start or risk default**
- ◆ **Please go to USATT (www.usatt.org) for details of rules**
- ◆ **Registration package for Team leader:**
Team Code Assignment
Player's Lunch Voucher
Score sheets

*Come join us & play
at North America's
largest full time
Table Tennis center!*

**November 7 – 8, 2009
Saturday & Sunday**

APA CHARITY TABLE TENNIS TOURNAMENT For APA Building Fund Campaign

at

ICC TABLE TENNIS CLUB

1453 N. Milpitas Blvd, Milpitas, CA 95035



APA Family Support Services
(formerly Asian Perinatal Advocates)
657 Jackson Street, San Francisco, CA 94133
Tel: (415) 617-0067 Ext.620 Fax: (415) 617-0078
E-mail: apa@apasfgh.org Website: www.apasfgh.org



APA CHARITY
TABLE TENNIS TOURNAMENT

Team/player Registration

(Registration closes on October 23, 2009, inclusive)

For online registration, please visit our website
www.apasfgh.org

Team Registration Fee: \$100

Name: (Mr./Mrs./Ms.) _____

Organization: _____

Address: _____

Phone: _____

Email: _____

Name of other Players in your Team:

(Minimum 2 and maximum 5 players)

1. _____

2. _____

3. _____

4. _____

5. _____

I am voluntarily participating in 2009 APA Charity Table Tennis Tournament. I hereby agree that APA family Support Services cannot be held responsible for any injuries and/or illnesses sustained as a result of participating in the tournament (voluntary services, transportations or competitions).

Applicant's Signature: _____

Parent/Guardian Signature: _____
(if applicable)

Payment

For Sponsorship For Team Registration

Amount paid: _____ Date: _____

Payment Options:

Check (payable to APA Family Support Services)

Check No. _____ Dated: _____

VISA Master Card AMEX

Card Number: _____

Exp. Date: _____ Verification No.: _____

Signature (required): _____

Cash Amount paid: _____

Received and signed by: _____

Date: _____

(Please print name)

◆ For Team Registration, please return Payment Form and Team/Player Registration Form .

◆ For Sponsorship or donation, please return Payment Form, Sponsorship Form and/or Team/Player Registration Form

Please send all payment to:

Herbert Dong,
APA Family Support Services
657 Jackson Street, San Francisco, CA 94133

Sponsorship Level

(Please check box to specify sponsorship level)

Title Sponsor (\$5,000)

Entry for 4 teams, signage and banner in Tournament venue, logo display in advertisement and tournament brochure, media recognition and check presentation in press conference, recognition in Sponsor Appreciation Ceremony

Gold Sponsors (\$2,000)

Entry for 3 teams, logo display in advertisement and tournament brochure, media recognition and recognition in sponsor appreciation

Silver Sponsors (\$1,000)

Entry for 2 teams, logo display in advertisement and tournament brochure, recognition in sponsor appreciation ceremony

Table Sponsors (\$500 - for Preliminary & Final Rounds)

1 team entry, with name on player's table, recognition in sponsor's appreciation ceremony

Table Sponsors (\$250 for Preliminary Round)

Name on player's table, recognition in sponsor's appreciation ceremony

Team sponsors (\$100 and above)

Recognition in sponsor appreciation ceremony

Food and beverages for tournament participants and/or prizes for winners

Logo display in advertisement and tournament brochure, media recognition and recognition in sponsor appreciation

Sponsorship and naming Opportunities

For any sponsorship/donation of \$1,000 or more, your name or your organization's name will receive permanent acknowledgment on our "Home Away From Home" building.