

Gold Coast Table Tennis Club JAN 2026 OPEN

USATT-sanctioned Table Tennis Tournament (0-star)

Sunday, January 11, 2026

DEADLINE: Saturday, January 10, 2026



BUTTERFLY



NO.	EVENT NAME	FORMAT	DAY	TIME	FEE	1ST	2ND	LIMIT
1	Under 1050	RR/SE*	SUN	10:00 AM	\$25	T	T	24
2	Under 1350	RR/SE*	SUN	11:00 AM	\$25	T	T	24
3	Under 1650	RR/SE*	SUN	12:00 PM	\$25	T	T	24
4	Under 1950	RR/SE*	SUN	1:00 PM	\$30	\$75 + T	\$40 + T	24
5	Under 2250	RR/SE*	SUN	2:00 PM	\$35	\$100 + T	\$50 + T	24
6	Under 18 years	RR/SE*	SUN	10:30 AM	\$25	T	T	24

*RR = Round Robin; SE = Single

**T = Trophy;

VENUE: 52 Main Street, Port Washington, NY

CHECK-IN: Please check-in 15 min before your event start time.

HOST: Gold Coast Table Tennis Club
TOURNAMENT COMMITTEE:
Ahmed Elmallah, Fei Zhai

REFEREE: Fei Zhai (CU)

EQUIPMENT: Only ITTF or USATT approved equipment will be used: 8 Butterfly Centerfold table, 3-star Butterfly Premium 40+ mm poly balls. Floor: Rubberized flooring on gymnasium wood (red). Clothing: reference to the USATT Dress Code.

DEADLINE: All entries must be received via phone, online, or email, by **Jan, 4 2026**. no postal mail entries will be accepted.

FORMAT: Players will be assigned to a Round Robin (RR) group of 3-5 players. Top 1-2 players from each (RR) group will advance and compete in the play-off Singles Elimination (SE) stage. Each player is guaranteed 2-3 matches per event. **All matches are 3 out of 5 games**

RATINGS: The latest USATT rating file prior to **Jan 4, 2026**, will be used. The estimated rating needs to be assigned by Tournament Committee 45 min prior to the start of the event if the USATT rating is not available.

DEFAULT POLICY: All entries must include full payment to be included in the draw(s). All ITTF/USATT regulations apply. If an event is canceled or has reached its limit, the player will be moved to the next highest event.

The tournament committee reserves the right to cancel any event if there are insufficient entries. No prize money shall be awarded for splits and/or unfinished matches.

REFUND: No refund for no-show participants!

RESULT TRACKING: stadiumtt.com
<https://stadiumtt.com/tournament/199b9014-1221-41bd-beae-62a912bc6d7e>

ONLINE REGISTRATION:
Scan QR code below, or access,
<https://stadiumtt.com/tournament/199b9014-1221-41bd-beae-62a912bc6d7e>



E-Mail: Aelmallah86@gmail.com
Phone: 917-742-5165

Gold Coast TTC JANUARY 2026 Sunday, January 11, 2026 Entry Form

DEADLINE: January 10, 2026, Saturday

First Name: _____ Last name: _____ Gender: _____

USATT Member ID/Expiry Date _____ / _____ USATT Rating _____

Email Address _____ @ _____ New USATT Member? ☐

Street Address _____ City _____

State _____ ZIP _____ Phone (_____) _____ - _____

Date of Birth (MM/DD/YYYY) _____ / _____ / _____ Home Club _____

Coach Name _____ USATT Rating _____

By my participation, I hereby relieve all sponsors, GCTTC, USATT, and tournament committee of any liabilities for injury to myself and/or property damage or loss.

I agree to comply with all the decisions of the tournament officials.

I will abide by all USATT/ITTF regulations.

Signature (Parent/Guardian if minor): Date _____ / _____ / 2026

Circle the event(s) you wish to enter:

1 2 3 4 5 6

Total Event Fee \$ _____

Official Fee \$ 15

Late Fee \$ _____

USATT Membership Fee \$ _____

\$25 (basic)/year; \$75 (pro)/year.
Junior tournaments pass \$20.

Adult tournament pass \$50; Lifetime \$1300

Donation to USATT Team \$ _____

Total Amount Due \$ _____

Online payment via Zelle to:

917-742-5165, include your name and tournament name in the description, "JAN GCTTC"

SCAN QR CODE BELOW TO MAKE PAYMENT.



Zelle



USATT SAFE SPORT PROTOCOL ENTRY BLANK TEMPLATE FOR USATT SANCTIONED TOURNAMENTS

- ☐ I understand USATT's Safe Sport Policy including the organization's Coaching Policy, which requires that all persons who are engaged in coaching activities at USATT Affiliated Member Clubs and/or USATT Sanctioned Tournaments, except parents or legal guardians coaching their own children, must be fully Safe Sport Compliant, which includes completing SafeSport Training offered by the US Center for SafeSport every year and undergoing a criminal background screen every two years.
- ☐ I understand that, pursuant to USATT's Minor Athlete Abuse Prevention Policy, all participants at USATT Sanctioned Tournaments who are over the age of 18 and have **regular contact with or authority over** minor athletes must complete annual SafeSport Training offered by the US Center for SafeSport.

More information on USATT's Safe Sport Policy is available at:
<https://www.teamusa.org/usatable-tennis/athlete-safety/safe-sport>.

End. 23 02-22a

USA TABLE TENNIS

Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Tournament: _____ **Date:** _____

Tournament Director: _____ **Club Name:** _____

1. IN CONSIDERATION of being permitted to participate in any way in USA Table Tennis sanctioned events, I and/or my minor child, our personal representatives, assigns, heirs, and next of kin:

2. ACKNOWLEDGE, agree, and represent that I and/or my minor understand the nature of Table Tennis Activities and that I and/or my minor child are qualified, in good health, and in proper physical condition to participate in such Activity. I further agree that if at any time I believe conditions or equipment to be unsafe, I and/or my minor child will immediately discontinue further participation in the Activity.

3. FULLY UNDERSTAND that (a) TABLE TENNIS ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH, HARASSMENT, EXPOSURE TO INAPPROPRIATE CONDUCT AND LANGUAGE ("RISKS"); (b) these Risks and dangers may be caused by me and/or my child's own actions, or inaction, or the actions or inaction of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS AND SEVERE SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I and/or my minor child incur as a result of my participation in the Activity.

4. HEREBY ACCEPT AND ASSUME ALL SUCH RISKS, KNOWN AND UNKNOWN, AND ASSUME ALL RESPONSIBILITY FOR THE LOSSES, COSTS, AND/OR DAMAGES FOLLOWING SUCH INJURY, DISABILITY, PARALYSIS, OR DEATH, EVEN IF CAUSED, IN WHOLE OR IN PART, BY THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW;

5. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE USA TABLE TENNIS, their respective administrators, directors, agents, officers, officials, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I and/or my minor child, or anyone on my and/or my minor child's behalf, makes a claim against any of the Releases, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim.

6. I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Signature of Participant: _____ Print Name: _____ Date: _____

Parent/Legal Guardian Signature _____ Print Name: _____ Date: _____ (if under 18):