

# TRIFECTA 1

## 2007 BETHESDA JUNIOR GOLD

# SQUASH TOURNAMENT

**On our 4  
NEW beautiful  
International  
Courts!**

**Dates:** Friday, November 30, 2007 - Sunday, December 2, 2007  
*Entries close Tuesday, November 27, 2007*  
*\*Starting times will be made available Wednesday Evening,  
 November 28 on [www.aussienicksquash.com](http://www.aussienicksquash.com)*

**Flights:** Boys & Girls U11, U13, U15, U17, U19

**Entry Fee:** **\$65 per player** - USSRA member  
 Non-USSRA members pay an additional \$15

**Includes:** Tournament, T-shirt, Prizes for winners & finalists

**Eyeguards:** Lensed eye protection is mandatory for all players

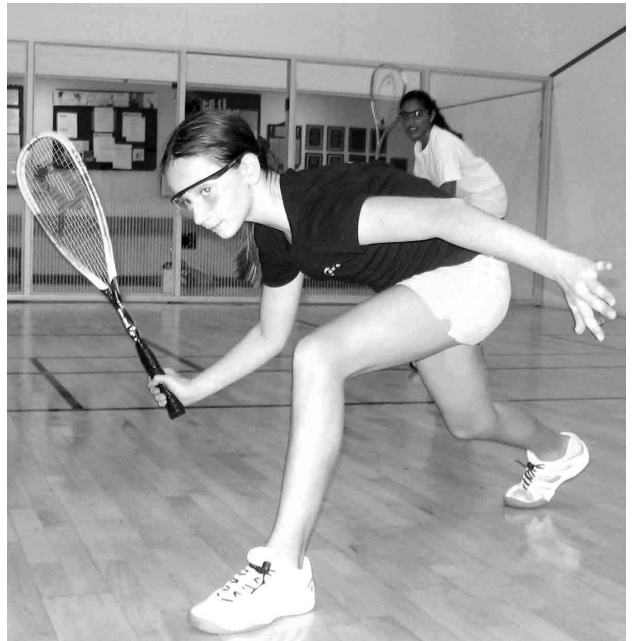
**Ball:** Dunlop Revelation Pro x and Pro xx

**Location:** Bethesda Sport & Health  
 4400 Montgomery Ave., Bethesda, MD 20814  
 Phone: 301-656-9570  
 Fax: 301-656-6870

**Schedule:** Friday matches may be required depending on the draw size and will begin at 6pm. Players are guaranteed a minimum of two matches and all players are required to either mark or referee the match following their (no exceptions).

**Director:** **Connie Barnes** - Director of Squash & Racquetball  
**Phone:** 301-807-9905 **Fax:** 301-656-6870  
**Email:** [cbarnes@sportandhealth.com](mailto:cbarnes@sportandhealth.com)

**Special Offer:** Parents are invited to come and enjoy the center's facilities whilst their child is participating in the tournament. For a guest pass, please contact [dhoskinson@sportandhealth.com](mailto:dhoskinson@sportandhealth.com)



**Please make checks payable to Sport & Health**  
**Mail to:** Bethesda Sport & Health  
 Attention: Connie Barnes  
 4400 Montgomery Ave., Bethesda, MD 20814

**sport&health**  
 BETHESDA  
[sportandhealth.com](http://sportandhealth.com)

### 2007 Bethesda Junior Gold Squash Tournament Registration Form Please print neatly.

Name \_\_\_\_\_ Age \_\_\_\_\_

USSRA# \_\_\_\_\_ Date of Birth \_\_\_\_\_

Ranking Information \_\_\_\_\_

Phone # (h) \_\_\_\_\_ (c) \_\_\_\_\_

Junior's Email \_\_\_\_\_

Parent's Email \_\_\_\_\_

Circle One Flight: **Boys** U11 U13 U15 U17 U19

**Girls** U11 U13 U15 U17 U19

Type of Payment:  Cash  Check  MasterCard

Visa  AMEX

Card #: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

RELEASE: In consideration of making facilities and/or services available, I do hereby for and on behalf of myself and my heirs and legal representatives, release and forever discharge Sport & Health, its owners, manager and representatives from any and all claims and demands of every kind, nature and character which I may have or hereafter acquire for any and all damages or losses which may be suffered or sustained by me in connection with my activity and all such claims are hereby waived and released.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I agree to Referee or Score the match following my match or as directed.**

**sport&health**  
 BETHESDA

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