

TRIFECTA 2

2008 REGENCY JUNIOR SILVER

SQUASH TOURNAMENT

Dates: Friday, January 11, 2008 - Sunday, January 13, 2008
Entries close Tuesday, January 8, 2008.
**Starting times will be made available Wednesday Evening, January 9 on 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: Regency Sport & Health
 1800 Old Meadow Road, McLean, VA 22102
 Phone: 703-556-6550
 Fax: 703-734-1496

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

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 Mark York at myork@sportandhealth.com



Please make checks payable to Sport & Health
Mail to: Regency Sport & Health
 Attention: Connie Barnes
 1800 Old Meadow Road, McLean, VA 22102

sport&health
 REGENCY
sportandhealth.com

2008 Regency Junior Silver 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
 REGENCY