

TRIFECTA 3
2008 BETHESDA JUNIOR SILVER
SQUASH TOURNAMENT

Dates: Friday, January 25, 2008 - Sunday, January 27, 2008
Entries close Tuesday, January 22, 2008.
**Starting times will be made available Wednesday Evening, January 23 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

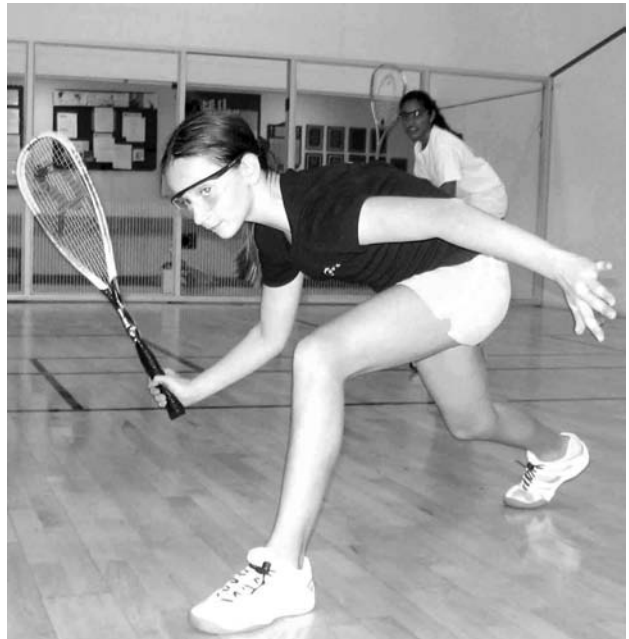
Ball: Dunlop Revelation Pro x and Pro xx

Location: Bethesda Sport & Health
 4400 Montgomery Avenue, Bethesda, MD 20184
 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

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 Dan Hoskinson at dhoskinson@sportandhealth.com



Please make checks payable to Sport & Health
Mail to: Bethesda Sport & Health
 Attention: Connie Barnes
 4400 Montgomery Avenue, Bethesda, MD 20184

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2008 Bethesda 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
 BETHESDA

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