

2008 SPORT & HEALTH OPEN SQUASH TOURNAMENT

Our Open Squash Tournaments will be part of a wonderful weekend of squash October 17 - 19, 2008. The Social event is SquashEmpower's Wine Tasting and Dinner Auction at Top of the Hill Banquet & Conference Center located in Washington, DC.

- Dates:** Friday, October 17 - Sunday, October 19, 2008
 *Entries close Monday, October 13.
 *Draw available Wednesday, Oct. 15 on www.squashempower.org and www.aussienicksquash.com
- Flights:** M 5.5, 5, 4.5, 4, 3.5, 3, 2.5 W 3.5, 2.5 **Age Groups:** M 40+, 50+, 60+, W 40+
- Locations:** Sport&Health Clubs (Enter preference on registration form)
- Entry Fee:** \$60 per player - USSRA Member; \$75 per player - Non-USSRA Member
 Extra \$5 for each additional draw from a second category
- Includes:** Tournament, T-shirt, Certificates, Prizes for Winners.
- Eyewear:** Mandatory **Ball:** Dunlop double dot
- Function:** SquashEmpower Wine Tasting, Dinner & Auction on Saturday, Oct. 18 at Top of the Hill Banquet & Conference Center, located at One Constitution Avenue, NE, Washington, DC 20002
 Wine tasting 5:30-7:30pm; Dinner & Auction from 7:30-10:30pm
 Cost: \$150 for entire function or \$40 for the wine tasting only
 Note: Dinner fee may be partially tax deductible as SquashEmpower is a 501c3 organization. Visit www.squashempower.org for more information.

Director: Rod Barnes: Cell: 301-801-1609 Email: aussienicksquash@gmail.com
 Checks for tournament required in advance & payable to Sport & Health.
 Checks for Dinner and Wine Tasting payable to Squash Empower (incl. all names)
 Mail to: Bethesda Sport & Health, Attention: Connie Barnes 4400 Montgomery Rd., Bethesda, MD 20814 Fax to: 301-656-6870, attn: Connie Barnes



sport&health
sportandhealth.com

2008 Sport&Health Open Squash Tournament Registration Form

Name _____
 USSRA# _____ Ranking _____
 Phone # (h) _____ (c) _____
 E-mail address _____
 Age _____ Flight _____
 Check preferred locations for early rounds (not guaranteed):
 Bethesda Sport & Health, 4400 Montgomery Ave., Bethesda, MD 20814
 Worldgate Sport & Health, 13037 Worldgate Dr., Herndon, VA 20170
 Type of Payment: Cash Check MasterCard
 Visa AMEX Discover
 Card #: _____ Exp Date: _____

LIABILITY WAIVER:

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 and SquashEmpower, 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 am unable to attend the tournament but would like to make a tax deductible donation to SquashEmpower, a 501c3 organization bringing Squash and Academic Tuition to DC Public School Children. I would like to donate \$ _____. I enclose a check made payable to SquashEmpower

*Please enclose a check made payable to SquashEmpower.

See www.squashempower.org

SquashEmpower: "Putting a racquet in young hands to put a better future in their reach."

