

WESLEYAN JUNIOR OPEN - SILVER BOYS/GIRLS U11/U13/U15/U17/U19

March 9th-11th 2012

LOCATION Freeman Athletic Center, 161 Cross Street, Wesleyan University, Middletown, CT, 06459

EMAIL WorldClassSquash@gmail.com

TOURNAMENT DIRECTOR Shona Kerr 1-860-685-2444

PLAYER PACKAGE Every participant will receive an entry gift, breakfast, and lunch on Saturday and Sunday. All draws will have a second round feed-in consolation or a round robin format. Play-offs will be played in the main draw and there will be prizes and trophies for all winners.

PLAYER OBLIGATIONS Both winner and loser must referee the next match. Players must be available for the entire weekend (from Saturday 8:00 AM – Sunday 6:00 PM). Although we try to avoid Friday matches as much as we can, there might be a possibility that we have to start on Friday afternoon! No allowance can be made for conflicting events.

START TIMES will be posted on the tournament page at www.ussquash.com They will be available after 5:00pm on the Wednesday before the tournament.

ENTRY DEADLINE is 5pm March 5th, 2012. No refunds will be made after this date.

ENTRY FEE is \$80 and a US SQUASH membership is required to participate. Please send the entry form and check (if paying by check) to WORLD CLASS SQUASH, Freeman Athletic Center, 161 Cross Street, Middletown, CT, 06459.

VIDEO RECORDING AND ANALYSIS is available! Through Wesleyan's newly installed video analysis center, you can choose to have your match filmed and mailed to you as a DVD. You may also elect to have your match analyzed by Head Wesleyan Squash Coach, Shona Kerr. The cost for this is \$45 per DVD recording and an additional \$45 for match analysis.

Child 1: Name _____ Division (please circle one event) _____ Boy / Girl U11 U13 U15 U17 U19
DOB _____ Age at last day of tournament _____ US Squash# _____ exp. Date _____
Child 2: Name _____ Division (please circle one event) _____ Boy / Girl U11 U13 U15 U17 U19
DOB _____ Age at last day of tournament _____ US Squash# _____ exp. Date _____
Address _____ City/State/Zip _____
Tel. _____ EMAIL _____
Cell Phone(s) where you can be reached during the tournament _____

Yes, I want video recording (Please inform us ahead of time for which matches you would like to use our services) No, thank you

Paid by Check Credit Card Number _____ exp. Date ____/____/____ CVV Code _____ Zip Code _____

WAIVER:

With my signature I agree to release and hold harmless Wesleyan University and World Class Squash from all liabilities that may arise as a result of injury to my child or others and from claims and demands for damages to property, resulting from, and participating in, traveling to and from Wesleyan University. My child is in good health and may participate in normal program activities unless I specify otherwise on this form. I consent that photographs and videos taken of my child are the property World Class Squash and may be reproduced and publicized, at any time, free of claims on my part.

Signature of Parent/Guardian

Print Name

Date

Return by mail to: World Class Squash, Freeman Athletic Center, 161 Cross Street, Wesleyan University, Middletown, CT, 06459

