



Valentine Silver Tournament

February 25 - 26, 2012

Boys and Girls from U11 to U19

VIDEO RECORDING & ANALYSIS

We are offering participants the option to record their own matches at our tournaments. You can also elect to receive post-match video analysis from our Head Pro. The costs for your DVD are \$49 per match and an additional \$49 for match analysis. Please let us know if you are interested in any of these options.

LOCATION Pyramid Squash Club located at 30 Elm St in Tuckahoe, NY 10707

Visit www.pyramidsquash.com, CALL (914) 961-7529, FAX (914) 961- 7520 or EMAIL info@pyramidsquash.com for further information.

TOURNAMENT DIRECTOR is Katja Amir (cell: 914.826.3499)

PLAYER PACKAGE Every participant will receive an entry gift, breakfast, and lunch on Saturday and Sunday. Every player will be guaranteed 3 scheduled matches and there will be 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 www.pyramidsquash.com's tournament page and on www.ussquash.com. They will be available after 5:00pm on the Wednesday before the tournament.

ENTRY DEADLINE is February 17, 2012. No refunds will be made after this date.

ENTRY FEE is \$85 and a US SQUASH membership is required to participate.

Please send the entry form and check (if paying by check) to the PYRAMID SQUASH CLUB.

LATE ENTRY A \$20 late fee will be charged if signing up after the deadline. Entry form and payment (**credit cards only**) must be submitted before tournament date to allow for participation.

Child 1: Name _____ Division (please circle one) Boy / Girl U11 U13 U15 U17 U19

DOB _____ Age at last day of tournament _____ US Squash# _____ Membership expir. Date _____

Child 2: Name _____ Division (please circle one) Boy / Girl U11 U13 U15 U17 U19

DOB _____ Age at last day of tournament _____ US Squash# _____ Membership expir. 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 _____ / _____

WAIVER:

With my signature I agree to release and hold harmless the PYRAMID SQUASH, Inc and 30 Elm St LLC and the committee 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 Pyramid Squash Club. 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 of Pyramid Squash, Inc and may be reproduced and publicized as the Pyramid Squash desires, at any time, free of claims on my part.

Signature of Parent/Guardian _____

Print Name _____

Date _____

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