

 2017 U.S. JUNIOR OPEN SQUASH CHAMPIONSHIPS

 December 16 – 19, 2017 GROUP ENTRY FORM

**(Please type this form or complete in block capitals)**



|  |  |
| --- | --- |
| **National Association** |  |

We would like to enter the following players into the 2017 U.S. Junior Open Squash Championships:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Event Division** | **First Name** | **Surname/Last Name** | **Date of Birth****(MM/DD/YYYY)** | **National Ranking** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |
| 9 |  |  |  |  |  |
| 10 |  |  |  |  |  |
| 11 |  |  |  |  |  |
| 12 |  |  |  |  |  |







We enclose the entry fees of \_\_\_\_\_\_ (Number of entrants x $185.00) BEFORE **11/15/17**

OR $225.00 after deadline of **11/15/17**.

Amount to be charged: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Card Type (circle one): AMEX MASTERCARD VISA

Name on Credit Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration date: \_\_\_\_\_/\_\_\_\_\_\_\_\_ Security Code: \_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State/Province:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact details to for main communications (This person will be responsible for distributing the start times and tournament information to the above named entrants):

|  |
| --- |
| NAME  |
| Email:  | Mobile:  |
| Tel:  | Title  |

**By endorsing these entries, your National Association confirms that all your players and coaches in attendance are fully aware of the Regulation regarding the mandatory requirement that only eye protectors that have complied with one of the National Safety Standards for Squash will be permitted. Please see Tournament Information Page on the US Squash website, which provides details of these eye protectors. Failure to do so will result in player disqualification.**

# ENDORSEMENT BY NATIONAL ASSOCIATION

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_