



2007 National Century Doubles Squash Championships

March 1st-4th, 2007, New York City, New York

ENTRY FORM

Entry Deadline:

Entries and payments must be received by mail or facsimile (610-67-6539) by Friday, February 16th, 2007, 5:00 PM EST. No phone entries accepted. No refunds will be provided after the Entry Deadline.

Divisions:

Open Mixed

Eligibility:

The combined age of each team must be 100 years or greater on March 1, 2007. Players must be members of U.S. Squash or a recognized National/Provincial Squash Association.

Patrons:

<u>Patrons:</u>	<u>Cost</u>	<u>Includes</u>
GOLD	\$1000	Entry Fee, Special Gift, & Guest Access to Events
SILVER	\$ 500	Entry Fee, Special Gift, & Guest Access to Events
BRONZE	\$ 250	Entry Fee and Special Gift
Guest	\$ 100	Access to all events

Entry Fee:

<u>Entry Fee:</u>	<u>Cost</u>	<u>Includes</u>
Player (Individual)	\$ 150 per player	Player gift (Indicate Size below)
Team (Both Players)	\$ 300 per team	Player gift (Indicate Sizes below)

Payment:

Make all check(s) payable to "US Squash". Mail to: US Squash, P.O. Box 1216, Bala Cynwyd, PA 19004.

Charge my Card AMEX MasterCard Visa
 Expiration ____/____ Account # _____
 Name on Card _____
 Signature: _____

Player Information

	Player 1	Player 2
Name	_____	_____
Address	_____	_____
City State Zip	_____	_____
Email Address	_____	_____
Home phone	_____	_____
Work phone	_____	_____
US Squash #	_____	_____
Shirt Size	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL

Release of Liability and Waiver

I hereby relieve, release, and forever discharge and agree to indemnify and hold harmless participating clubs and the United States Squash Racquets Association, their servants, agents and employees from any and all claims and demands of every kind and character from injury to my person or damage to property as a result of my participation in the National Championships, held on March 1st-4th, 2007. I agree to carry primary medical insurance and abide by all the tournament policies. I have read this Release of Liability and Waiver Agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Player 1 Signature _____ Date _____

Player 2 Signature _____ Date _____

FOR PARTICIPANTS OF MINORITY AGE

This is to certify that I/we as parent(s)/guardian(s) with legal responsibility for this participant, do consent and agree to his/her release to the fullest extent permitted by law.

Parent/Legal Guardian Player 1 Signature _____ Date _____

Parent/Legal Guardian Player 2 Signature _____ Date _____

