



US Squash
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US Squash Coaching Conference October 12-14, 2007 Registration Form

Registration Deadline

Completed registration form and payment must be received by Friday, September 14, 2007, 5:00 PM EST. No phone or fax entries accepted. Registrations may be accepted after the deadline with a **\$150 late fee** provided space is available and at the discretion of the US Squash.

Eligibility

There are no eligibility requirements. Non-US Squash members are required to pay an additional \$50 for registration.

Cost, Refund Policy and Disclaimer

\$250 early bird fee if received prior to Registration Deadline.
 \$150 late fee on registrations accepted after deadline.
 \$50 for non-US Squash members.
No refunds will be provided after the Registration Deadline.

Payment

Make check payable to US Squash. Mail to US Squash, 555 Eighth Avenue, Suite 1102, New York, NY 10018 [OR]
 Charge my Credit Card AMEX MasterCard Visa
 Expiration _____/_____
 Account # _____
 Name on Card: _____
 Signature: _____

Dates, Location and Schedule

Dates: October 12-14, 2007, Location: New Haven, CT Venue: Yale University, Brady Squash Center
 Friday 3PM- 9PM, Saturday 9AM- 8PM, Sunday 9AM- 2PM.

Transportation, Parking and Accommodation

No transportation is provided. Parking will be available at the site and hotel.
 Hotel: Courtyard Marriott
 Phone: 203-777-6221
 Special rate: Identify with "US Squash" when reserving for a special room rate.

Contact

Vijay Chitnis, (212) 268-4090 ext. 12, vijay.chitnis@us-squash.org

Participant Information

Name _____
 Address _____
 City State Zip _____
 Home phone _____
 Work phone _____
 Birth Date _____
 US Squash # _____

Release of Liability and Waiver

I hereby relieve, release, and forever discharge and agree to indemnify and hold harmless the host facility and the United States Squash Racquets Association, Inc. ("US Squash"), 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 this US Squash Coaching Conference. 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.

Participant's Signature _____ Date _____