

REMINDER TO ALL SOUTHLAND

RACQUETBALL PLAYERS

THE 360 health club PRESENTS THE

**ALL VALLEY RACQUETBALL
CHAMPIONSHIPS**

THE PLACE, 360 health club
18420 HART ST.
RESEDA, CA. 91335

THE DATES, NOVEMBER 17th, 18th and 19th.

ENTRY FORMS WILL BE SENT TO YOU

IF YOU ARE A MEMBER OF THE **CSRA.**

INDIVIDUAL CLUBS AND THE INTERNET

WILL ALSO HAVE ENTRY FORMS.

HOPE TO SEE YOU THERE

WHERE: 360 health club Tel: (818) 705-6500
18420 Hart Street Fax: (818) 996-6836
Reseda, Calif. 91335

WHEN: November 17, 18, 19th.

ENTRY DEADLINE: **TUESDAY, NOVEMBER 13th, 2006**

CONTACT INFO: For any questions or information relating to the tournament, please contact ***Alan Weiner*** directly at (818) 705-6500 Ext. 356 or (818) 621-4488.

STARTING TIMES: Available Thursday, November 16th after 6:00 p.m.
Please call (818) 705-6500

HOSPITALITY: Snacks Friday. Western Bagel Bar on Saturday and Sunday mornings. Lunch on Saturday and Sunday provided by the Edge Café. Beverage included all weekend.

SOUVENIR: Screened tournament T-Shirt

ENTRY FEE: Open/Elite Divisions: 1st event \$50 2nd event \$25
Other Divisions: 1st event \$40 2nd event \$20 (Juniors \$20)

AWARDS: Non Cash divisions – Trophies or Awards to 1st & 2nd place
Men's Open Singles 1st \$300 2nd \$150
Men's Open Doubles 1st \$200 2nd \$100
Women's Open Singles 1st \$200 2nd \$100
Women's Open Doubles 1st \$100 2nd \$50

GUIDELINES: CSRA/USARSanctioned. Must be a member of the CSRA or join at tournament desk for \$30 annual fee. Eyeguards Mandatory, Towels Provided, **BRING YOUR OWN LOCK.**

1. Self referee except for matches played on Show Court # 1
2. Tournament Directors reserve the right to re-classify any player.
3. No entrant may play in a division below his or her actual skill level.
4. All cash prizes may be prorated if the draw is fewer than 8 entrants.
5. Tournament Directors reserve the right to cancel or combine any divisions.
6. ONE SERVE rule for all Open Divisions.
7. Format, 2 games to 15 tiebreaker to 11. All games win by one.

MEN'S SINGLES WOMEN'S SINGLES DOUBLES JUNIORS

Open/elite *	Open/Elite *	Men's	
A	A	Women's	16 and Under
B	B		12 and Under
C	C	Open/Elite	
D	D	A	
Novice	Novice	B	
30+	30+	C	
35+	35+		
45+	45+		
50+	55+		
55+	65+		
60+			
65+			

MIXED DOUBLES

Open/Elite*
A
B

PLEASE CIRCLE EVENTS. (You may only enter Two events)

* Denotes drop down division, first round only.

Name: _____ Club: _____
 Address: _____ Age _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Work Phone: _____
 Partner: _____ Shirt Size: ___Med ___Lrg ___XL ___XXL *

*** Please circle Shirt Size**

**** Partner must send in separate entry form.**

ANY SPECIAL REQUESTS? (will be considered but cannot be guaranteed)

CREDIT CARD - VISA , MASTER CARD or AMERICAN EXPRESS	
CARD # _____	EXP. _____

Please Send your entry form payable to **360 health club**, 18420 Hart Street, Reseda, CA. 91335 or Fax your entry to (818) 996-6836, 24 hours a day using your credit card.

WAIVER: I hereby waive and release any and all claims I may have against the 360 health club and its representatives for any and all injuries, damages to, or loss of, personal property in connection with participation in this tournament.

Player Signature or Parent /Guardian if entrant under 18 years of age _____