

The 2011 Children's Miracle Network Racquetball Tournament



April 2 & 3, 2011
2 Day Event!



To be held at Fitness First Health & Fitness Center
60 North Westfield St., Feeding Hills, MA 01030
413.786.1460 ☎ Fax 413.786.3644 ☎

*All Proceeds will be donated to the Children's Miracle Network at Baystate Medical Center.
Last year, all weekend events raised \$30,000, thanks to you!*

Details

- Entry Fee:** \$25 first event, \$15 second event
Open Fee: \$35 first event, \$25 second event
- Referee:** Winners will be asked to officiate next match.
Refs will receive 5 raffle tickets per match.
- Hospitality:** Sat: Breakfast & afternoon lunch buffet
Sun: Breakfast
- Tournament Shirt:** Each participant will receive our popular long sleeve shirt!
- Child Care:** Available Sat. 9am- 12pm.
- Awards:** Trophies will be awarded to all 1st place finishers other than open. Less than 8 entries in any one event may be combined.

***Prize Money:** Men's & Women's Open Singles & Open Doubles Team Prizes
1st - \$200 2nd - \$100

*Money Pro-rated for less than 10 entries in each draw.

Rules & Eligibility: All USRA rules apply; two games to 15 pt. Tie-breaker to 11 pt. Consolation round to 21.
LENS COVERED EYEWEAR IS REQUIRED.

Starting Times: Call Fitness First at (413) 786-1460 for starting times after 1pm on Thursday, March 31.
Please check in 30 minutes prior to match.

Directions: Take 91 to Exit 3. Follow Rt. 57 to Feeding Hills and take a right onto Rt. 187 North. Go through two sets of lights. Fitness First is 500 ft. past the second light on your right.

Tournament Committee: Kurt & Paula Welker, Rick Rivera, Steve Tencati, Juliet Campbell & Ely Dunn

*Please help us raise money for the
CMN! Donate a prize for our CMN
auction or raffle!*

Registration

Events: (circle one or two)

Men or Women: OPEN Elite A B C D/Novice
Jr. (under 16) 30+ 40+ 55+ 65+

Second Choice: _____

Divisions with less than 8 entries will be combined if necessary.

Doubles: OPEN A B/C
Mixed O/A Mixed B/C

Partner: _____

Will you be attending the Saturday Lunch Buffet?

Yes No Luncheon guests: # _____ @ \$5 each

Waiver: I hereby, for myself, my heirs, executors and administrators, waive and release any and all claims for damages I have against Fitness First, Baystate Medical Center, tournament sponsors, or their agents, officers or employees of, and from all claims, actions and demands of any kind including those for any injuries which may be suffered by me in connection with any activity sponsored by the club, or in which I engage at the club.

Signed _____

Name _____

Phone _____

Address _____

City/State _____ Zip _____

Entry deadline: Tuesday, March 29, 2011 for all events.

Phone entries accepted by credit card only. VISA/ MC/AMEX/DIS
Card # _____

Expiration _____

All payments must be received by March 29, 2011.

Make all checks payable to: Children's Miracle Network

- Donate a prize for CMN auction/raffle
 Buy raffle tickets @ 6 for \$5 \$_____
 Sponsor a court with signage for \$125 or \$250