

2006 Don Ross Memorial Badminton Tournament

- Date:** Friday, August 4th - 6:00pm to 10:00pm (All Singles)
Saturday, August 5th - 9:00am to 7:00pm (All Doubles & Singles Finals)
- Venue:** Decatur Recreation Center
231 Sycamore Street Decatur, GA 30030
404-377-0494
- Entry Fee:** \$20.00 per event. \$10.00 per event for Juniors. This is a USAB sanctioned tournament. All participant must be USAB member. Membership is available at the tournament, \$25.00 for Tournament Only Participation, or \$30.00 One Year Membership.
- Registration:** 5:00pm Friday, August 4th or 8:30am on Saturday, August 5th
- Entry Deadline:** Friday, July 28, 2006
- Format:** Open Event Only - First round losers to Consolation Draw
- Eligibility:** Open: All ages. Juniors: 19 & Under(Age brackets will depend on entries)
Seniors: 40+, Masters: 50+, Grand Masters: 60+
(Must have minimum of 3 entries for an event to take place)
- Shuttles:** Tournament grade shuttles will be provided.
- Hotels:** Holiday Inn Select Decatur Conference Center within walking distance to the gym - 130 Clairemont Ave.
Super 8 - 971 Church St. is about ½ mile away
- Contacts:** Entries to: Sue Wieloch
107 Fairview Street, Decatur, GA 30030
Cell - 770-377-3404
Fax - 770-492-1387
Email - suewieloch@hotmail.com

Phil & Helen Rogers will host our tournament party on Saturday night. Detail will be given at the gym.

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Entry Form

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone #: _____ Date of Birth: _____
USAB #: _____ Email: _____

Check Events to be entered. Limit 3 events.

	Men's Singles	Women's Singles
Junior	_____	_____
Open	_____	_____
Senior	_____	_____
Master	_____	_____
Grand Master	_____	_____

Partner

Junior Doubles	_____
Open Men's Doubles	_____
Open Women's Doubles	_____
Open Mixed Doubles	_____
Senior Men's Doubles	_____
Senior Women's Doubles	_____
Senior Mixed Doubles	_____
Master Men's Doubles	_____
Master Women's Doubles	_____
Master Mixed Doubles	_____
G. Master Men's Doubles	_____
G. Master Women's Doubles	_____
G. Master Mixed Doubles	_____

Number of events entered: _____ X \$20.00 per event, 10.00 per event for Junior

Total: _____

Please send check with entry to: Sue Wieloch - Check to Ga. Badminton Association
107 Fairview Street, Decatur, GA 30030

Waiver of Liability: For, and in consideration of the benefits accrued by me as a result of the Badminton program sponsored by the Georgia Badminton Association, I hereby waive and release any and all rights and claims for damages or any and all injuries I may sustain in any manner whatsoever arising out of or otherwise connected with this program. This includes Georgia Badminton Association and their respective officers, agents, and representatives.

Signature: _____ Date: _____