



2008 CHARLOTTE OPEN Badminton Tournament.



Date: Friday December 5, 5.00PM to 10.00PM (Singles)
Saturday December 6, 8:30AM to 7.00PM. (All doubles + Singles Finals).

Location: Hickory Grove Elementary School, 6709 Pence Road, Charlotte, NC
6 courts – indirect air conditioning, excellent lighting. Information will be available at www.charlottebadminton.org

Entry Fees: \$30 for first event - \$15 for each additional event. Players 18 and under will be \$15.00 for first event - \$10.00 for each additional event. This is a **USA Badminton sanctioned** tournament. Non-members of USAB are **required** to pay a \$25.00 USAB Tournament only participation fee, or, \$30.00 1-year full membership fee with entry. Players under the age of 21 are **required** to pay \$20.00 1-year membership fee. USAB cards **must** be shown at registration. No card or fee, no play. **NO EXCEPTIONS.**
THIS IS A RANKING TOURNAMENT FOR PLAYERS IN THE SOUTHERN REGION.

SATURDAY NIGHT DINNER:

There will be a dinner Saturday evening after play – location to be determined. This is when the awards will be presented, and is also a chance to meet your fellow players and relax after two strenuous days of play.

Registration: 4.00PM Friday or 8.00AM Saturday.

Deadline for Entry: **Midnight Saturday November 29, 2008**

Format: Open Events Only – First round losers to Consolation Draw

Eligibility: Juniors 13 & under: Juniors 19 & under: Open: All ages: Seniors 40+:
Masters 50+: Grand Masters 60+: Golden Masters 70+:

Shuttles: Yonex feather.

Hotel: Host Hotel – Comfort Suites - **See Separate Page at End**

Contacts:

Completed entry and registration forms can be mailed, faxed or e-mailed to:

Jim Greenlees,
3000 Fairforest Drive,
Matthews NC 28104
Tel: 704-846-1565
Fax: 704-846-9373
E-mail: jimg1940@aol.com

E-mails saying what events you wish to enter will **NOT** be accepted without completed entry form.

2008 CHARLOTTE OPEN

Entry Form

ENTRY FORM MUST BE USED

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

USAB #: _____

Date of Birth: _____ Phone #: _____

Check Events to be entered.

- | | |
|---|---|
| <input type="checkbox"/> Open Mens Singles | <input type="checkbox"/> Open Womens Singles |
| <input type="checkbox"/> Senior Men's Singles. | <input type="checkbox"/> Senior Women's Singles. |
| <input type="checkbox"/> Master Mens Singles | <input type="checkbox"/> Master Womens Singles |
| <input type="checkbox"/> Grand Master Mens Singles | <input type="checkbox"/> Grand Master Womens Singles |
| <input type="checkbox"/> Golden Master Mens Singles | <input type="checkbox"/> Golden Master Womens Singles |
| <input type="checkbox"/> U-13 Boys Singles | <input type="checkbox"/> U-19 Boys Singles |
| <input type="checkbox"/> U-13 Girls Singles | <input type="checkbox"/> U-19 Girls Singles |

Specify partner below

- | | |
|---|-------|
| <input type="checkbox"/> U-13 Boys Doubles | _____ |
| <input type="checkbox"/> U-13 Girls Doubles | _____ |
| <input type="checkbox"/> U-13 Mixed Doubles | _____ |
| <input type="checkbox"/> U-19 Boys Doubles | _____ |
| <input type="checkbox"/> U-19 Girls Doubles | _____ |
| <input type="checkbox"/> U-19 Mixed Doubles | _____ |
| <input type="checkbox"/> Open Men's Doubles | _____ |
| <input type="checkbox"/> Open Women's Doubles | _____ |
| <input type="checkbox"/> Open Mixed Doubles | _____ |
| <input type="checkbox"/> Senior Men's Doubles | _____ |
| <input type="checkbox"/> Senior Women's Doubles | _____ |
| <input type="checkbox"/> Senior Mixed Doubles | _____ |
| <input type="checkbox"/> Master Men's Doubles | _____ |
| <input type="checkbox"/> Master Women's Doubles | _____ |
| <input type="checkbox"/> Master Mixed Doubles | _____ |
| <input type="checkbox"/> Grand Master Mens Doubles | _____ |
| <input type="checkbox"/> Grand Master Womens Doubles | _____ |
| <input type="checkbox"/> Grand Master Mixed Doubles | _____ |
| <input type="checkbox"/> Golden Master Mens Doubles | _____ |
| <input type="checkbox"/> Golden Master Womens Doubles | _____ |
| <input type="checkbox"/> Golden Master Mixed Doubles | _____ |

Event & Dinner Registration

Number of events entered ____ \$ _____

I will attend the dinner: Number ____ \$ _____

Total: \$ _____

**Please send check with entry. Checks should be payable to:
Charlotte Badminton Club**

Waiver of Liability: For, and in consideration of the benefits accrued by me as a result of the badminton program sponsored by the Charlotte Badminton Club, 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 Charlotte Badminton Club and their respective officers, agents, and representatives.

Signature: _____ . Date: _____

HOST HOTEL



**7735 University Blvd.,
Charlotte NC 28213
704-547-0049**

Features:

- 120 suites w/microwaves, refrigerators and wet bars
- Complimentary full hot breakfast buffet - EXCELLENT
- Free local calls
- Pool
- Free parking
- Fitness center
- Free wireless & high speed internet

RATE - \$79.00 PER NIGHT PER ROOM

MUST REQUEST CHARLOTTE BADMINTON RATE

**STRONGLY SUGGEST MAKING RESERVATIONS EARLY DUE
TO OTHER SPORTING EVENTS IN TOWN**