



Bronze Fall Champions

Tournaments fact sheet

Dates: Friday, October 30 to Sunday, November 1
Entries close Monday, October 26, 2009
**Starting times will be made available Wednesday Evening, October 28 on*
www.hardscrabbleclub.com

Divisions: Boys & Girls U15, U17

Entry Fee: **\$70.00 per player** - USSRA member
 Non-USSRA members pay an additional \$15.00

Eyeguards: Lensed eye protection and non-marking sole is mandatory for all players.

Ball: Dunlop Revelation Pro x and Pro xx

Location: Hardscrabble Club
 22 Sutton Pl, Brewster, NY, 10509
 Phone: (914) 669-9500 ext 21, Fax (914) 669-9700
 e-mail: squashtourn@hardscrabbleclub.com

Schedule: Friday matches may be required depending on the draw size and will begin at 6:00pm. Players are guaranteed a minimum of two matches and all players are required to either mark or referee the match following their (no exceptions).

Director: Alberto Ortiz - Tournament Director
 Phone: (914) 669-9500 ext 21
 Email: squashtourn@hardscrabbleclub.com



Hotels in the area

Hilton Garden Inn Phone: (203)523-4000
Comfort Suites Phone: (203) 205-0800

Heidi's Inn, Phone: (845) 279-8011
Henry Van Motel Phone: (845) 279-3428
Microtel Inn Phone: (845)279-1700
Bel Aire Motor L Route 22 Brewster



cut and send below form

Bronze Fall Champions Registration Form

Name _____ Age _____

USSRA# _____ Date of Birth _____

Ranking Information _____

Phone # (h) _____ (c) _____

Junior's e-mail _____

Parent's e-mail _____

Mark one division: **Boys** U11 U13 U15 U17 U19

Girls U11 U13 U15 U17 U19

Type of payment: Cash Check MasterCard Visa AMEX

Card #: _____ Exp Date: _____

Signature: _____ Date: _____

RELEASE: In consideration of making facilities and/or services available, I do hereby for and on behalf of myself and my heirs and legal representatives, release and forever discharge **Hardscrabble Club**, its owners, manager and representatives from any and all claims and demands of every kind, nature and character which I may have or hereafter acquire for any and all damages or losses which may be suffered or sustained by me in connection with my activity and all such claims are hereby waived and released.

Signature: _____ Date: _____

I agree to referee or score the match following my match or as directed.

Please make checks payable to Hardscrabble Club
Mail to: Hardscrabble Club, Attention: Alberto Ortiz, 22 Sutton Pl, Brewster, NY 10509
Fax (914) 669-9700