

CONFLICTS

Conflicts will only be honored on Friday January 16, 2009

Please state your conflict and available start time on Friday.

WAIVER OF LIABILITY

For, and in consideration of the benefits accrued by me as a result of the badminton tournament or program sponsored by LCHS Tennis and Peak Health of Coeur d'Alene, 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 tournament or program. This includes LCHS Tennis, Peak Health and their officers, agents, and representatives.

Signature: _____

Date: _____

Make checks payable to: LCHS Tennis

Send Entry Forms To:

Tim Scott

Badminton Tournament

1230 W. Rentwood Loop

Coeur d'Alene, ID 83815

Or Leave at:

Peak Health Attn: Tim Scott

LCHS OPEN

BADMINTON TOURNAMENT

JANUARY 16-18, 2009

PEAK HEALTH OF

COEUR D'ALENE

940 Ironwood Drive

Coeur d'Alene, ID 83814

(208)667-2582

Adult Entry Form

Must by 18 or Older to Play

ENTRY DEADLINE

MIDNIGHT JANUARY 10, 2009

LCHS Open

Sponsored by

Lake City High School Varsity Tennis
Peak Health of Coeur d'Alene

Dates

Friday January 16, 2009, 4:00 PM to 10:00 PM
Saturday January 17, 2009, 8:00 AM to 10:00 PM
Sunday January 18, 2009, 8:00 AM to 7:00 PM
ALL FINALS RUN ON SUNDAY

ENTRY DEADLINE: MIDNIGHT SATURDAY JANUARY 10, 2009

Location

Peak Health, 940 Ironwood Drive, Coeur d'Alene, ID, 83814
(208)667-2582

Tournament Director

Tim Scott
(H) (208)772-3585, (C) (208)755-5502
Email: tim_scott3585@msn.com

Tournament Format

Best 2 out of 3 scoring to 21
1st Match Consolation Bracketers
Events of 5 or less will play Round Robin
Guarantee Two Matches Per Event

Entrants responsible for obtaining match start times.
Report to the Tournament Desk 1 hour before match time.
EVENTS WILL BE COMBINED IF NEEDED TO FILL DRAWS.

Peak Health facility is for the use of CLUB MEMBERS ONLY.
Please reframe from using Club Amenities other than the Locker Rooms.
ID Bracelets are given at the Tournament Desk Daily and are to be worn
AT ALL TIMES.

The LCHS Open

ENTRY FORM

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (H) _____ (C) _____
Email: _____

CHECK EVENTS TO BE ENTERED (LIMIT TWO EVENTS)

Men's Open Singles	Men's 60 Singles
Men's Open Doubles	Men's 60 Doubles
Women's Open Singles	Men's 50 Singles
Women's Open Doubles	Men's 50 Doubles
Mixed Open Doubles	Women's 60 Singles
Men's Inter. Singles	Women's 60 Doubles
Men's Inter. Doubles	Women's 50 Singles
Women's Inter. Singles	Women's 50 Doubles
Women's Inter. Doubles	Mixed 60 Doubles
Mixed Inter. Doubles	Mixed 50 Doubles
Doubles Partner	

Name: _____ (C) _____
Phone: (H) _____
Email: _____

Cost Per Event
Singles: \$15.00 Doubles: \$20.00

SIGN WAIVER OF LIABILITY ON REVERSE SIDE OF ENTRY FORM