



BRISBANE CITY



ACACIA RIDGE JUNIOR OPEN

A Q SQUASH JUNIOR PATHWAY EVENT ORGANISED FOR OUR AFFILIATED PLAYERS

16-17 May 2009



248 Postle St Acacia Ridge 4110 Telephone 07 3275 1963

Entries Close Tuesday 12 May 2009

This is a **BRISBANE CITY & SOUTHERN REGION JUNIOR SELECTION EVENT**. Participation in the event is important if you desire to represent Brisbane City or Southern Region at the Queensland Junior Championships and ultimately represent Queensland at the Australian Junior Championships.

Please understand this event is age based and whilst every effort will be made to keep players within age groups it may not always be possible.

PLEASE DIRECT ALL INQUIRIES TO TOURNAMENT ORGANISER KIM SCHRAMM ON 3357 8955 OR 040 7126 911 OR [KIM@QSQUASH.COM](mailto:kim@qsquash.com)



ACACIA RIDGE JUNIOR OPEN

16-17 May 2009

ENTRY FORM

Entries Close Tuesday 12/5/09

Surname: _____ Please tick ...

First Name: _____ Sex: Male Female

Email Address: _____

Mobile: _____

Home: _____ Work: _____

Squash Club: _____

Current Grade: _____ Position: _____

Squashmatrix Rating: _____

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ENTRY FEE \$22 INCLUDING GST

You are guaranteed 3 matches however a BYE is classified as a match played.

PAYMENT METHODS:

Cheques/Money Orders are payable to **Q Squash Ltd - ABN: 59 080 596 283.**

POST entry form and payment to: Q Squash PO Box 19 Chermside South 4032

Direct Deposit Banking: Heritage Building Society

Account Name: Q Squash Ltd BSB: **638-060** Account: **6695221**

Place your surname in the reference: **SURNAME ARJO**

POST entry form to: Q Squash PO Box 19 Chermside South 4032 or FAX entry form to 3357 8955

DECLARATION: (To be signed by all competitors).

In consideration of my entry I, my heirs, executors and administrators release and forever discharge **Q Squash, Acacia Ridge Squash Centre,** its sponsors and volunteers assisting with the conduct of this event of all liabilities, claims damages or costs which I may have against them arising out of, or in any way connected with my participation in the event. I understand this waiver includes claims based on negligence, action or inaction of any of the above parties. I recognise the risks involved in competing in this event and declare that I'm physically fit and able to complete this event safely and have not been told otherwise by a medically qualified person. I consent to receive medical treatment which may be deemed advisable in the event of injury, accident or illness. I have carefully read this entry form and agree to abide by all the rules and directions of tournament officials.

Signed: _____ Date: _____

If under 18 years of age this form **MUST** also be signed by a parent/guardian:

Signed: _____ Print Name: _____

Post to: Q Squash PO Box 19 Chermside South 4032 Fax: 3357 5922

Thank you for entering and supporting this event