

12th Annual Ghostly Classic



October 15-17, 2010

- **Location:** Crystal Gateway Sport & Health Club, 1235 South Clark Street Arlington, VA 22202
- **Awards** \$300 1st Place, \$150 2nd Place in Open divisions. Minimum of 12 entrants per division for full prize money, otherwise prorated. All other division will get plaques or trophies.
- **Deadline:** **Online:** Monday, October 11, 2010 at midnight. Go to www.r2sports.com to register. **Mailed in:** Postmarked Friday, October 8, 2010.
- **Starting times** Available online at <http://www.novaracquetball.com>. Play may begin at **noon** on Friday afternoon. Please be prepared to play early.
- **Hospitality** Tournament shirts for all participants. Friday – dinner. Saturday - breakfast, lunch, and dinner. Sunday - breakfast and lunch.
- **Hotel** – The **Crowne Plaza Hotel** in Arlington is our host hotel. You can reserve rooms directly on our website, www.novaracquetball.com. This hotel is right next door to the club at 1480 Crystal Drive. Reservations can also be made by calling 703-416-1600.
- **Official rules**
 - **Eyewear** USAR Official Rules will govern competition [available for reference online at www.usra.org]; including the mandatory use of protective lensed eyewear tested to ASTM F803 or CSA impact standards.
 - **Age Requirement** for age division competition, players must meet the age requirement as of the first day of competition.
 - **Membership** USAR membership is required of all participants. At registration, entrants must present a current membership card, a receipt, or a cancelled check indicating recent enrollment as proof of membership, or purchase a membership on site for \$50.
 - **Officiating** All losing players must report to the tournament desk after their match for referee assignments. All players who lose a match will be required to referee, find a suitable substitute, or forfeit from their division.
 - **Rules** All Open matches will follow the 1-serve rule. All matches will consist of the best 2 out of 3 games, the first 2 games to 15, tiebreaker to 11, if necessary.
- **Tournament directors:** Karen Denu, Wayne Toyne, Bill Milbach
- **Official ball:** Ektelon Fireball
- **Guidelines**
 - All matches will be monitored and sandbaggers will be forfeited with no refund.
 - Player will forfeit if not checked in at the tournament desk 30 minutes prior to schedule playing time.
 - Tournament directors have the right to deny or reclassify any entrant.
 - Divisions may be combined or eliminated if there are not enough entrants.
 - Juniors are eligible to play in both Junior and Adult divisions.
 - No consolation rounds.
 - Stringers will be available throughout the tournament.
- **Facility:** Established in 1973, the Sport & Health Company is the region's largest family of full service health and fitness clubs. With 22 locations in VA, MD, and DC, Sport & Health Clubs provide a full range of fitness, recreation and sport activities for all ages in a friendly, comfortable environment. Directions: Surf to <http://www.novaracquetball.com> for directions, or call the club at (703) 416-4900.

If you have any questions, please email Karen Denu at kdenu318@yahoo.com, or call - 703-597-9985.

Tournament Entry and Payment:

Please go to www.novaracquetball.com for online entry via <http://www.r2sports.com/tourney/home.asp?TID=7273> link, or to get a PDF version of this form to print off, complete, and mail.

Mail the entry (with a check payable to Karen Denu) to:

**Ghostly Tournament
c/o Karen Denu
432 Clayton Lane
Alexandria, VA 22304**

If you have any trouble, email Karen at kdenu318@yahoo.com with the same information.

ENTRY FORM • Please Print

Name _____ Gender: M | F

Address _____

City, State, Zip _____

Phone (Day) _____ (Evening) _____

Birth date _____ Age _____

Email _____

Club Affiliation _____

Doubles partner/Division _____

Doubles partner/Division _____

FEES & PAYMENT

First Open event _____ (\$50.00) _____

Second Open event _____ (\$25.00) _____

First event _____ (\$40.00) _____

Second event _____ (\$20.00) _____

Juniors (1 or 2 events) _____ (\$30.00) _____

TOTAL DUE: _____

IMPORTANT: Make check payable to: **Karen Denu**

Waiver: I hereby, for myself, me heirs, executors, and administrators, waive and release any and all rights and claims that I may have against the Crystal Gateway Sport and Health Club, CVRA, USAR, or their respective agents for any and all injuries. I also acknowledge the potential risk of eye injury during competition, and can provide written proof that my protective eye guards (including prescription frames/lenses) conform to all standards specified in USAR Rule 2.5(a).

MEN'S •Singles• WOMEN'S

- _____ Open _____
- _____ Elite _____
- _____ A _____
- _____ B _____
- _____ C _____
- _____ D _____
- _____ 24- _____
- _____ 25+ _____
- _____ 30+ _____
- _____ 35+ _____
- _____ 40+ _____
- _____ 45+ _____
- _____ 50+ _____
- _____ 55+ _____
- _____ 60+ _____
- _____ 65+ _____
- _____ 70+ _____
- _____ 24- A _____
- _____ 24- B _____
- _____ 24- C _____
- _____ 25+ A _____
- _____ 25+ B _____
- _____ 25+ C _____
- _____ 35+ A _____
- _____ 35+ B _____
- _____ 35+ C _____
- _____ 45+ A _____
- _____ 45+ B _____
- _____ 45+ C _____
- _____ 55+ A _____
- _____ 55+ B _____
- _____ 55+ C _____

- _____ Juniors 18- _____
- _____ Juniors 16- _____
- _____ Juniors 14- _____
- _____ Juniors 12- _____
- _____ Juniors 10- _____

MEN'S •Doubles• WOMEN'S

- _____ Open _____
- _____ A _____
- _____ B/C _____

- Mixed Open _____
- Mixed A/B _____

Participant Signature _____

Date _____