

WSMRA
7562 Fellows Road
Lodi, WI 53555-
9514



21st Annual
Women's Senior/Masters Racquetball Association
National Championships

January 15-17, 2010

ENTRY DEADLINE: Postmarked by January 2, 2010

Lakeforest Sport & Health

700 Russell Ave.
Gaithersburg, MD 20877
301-258-0661

sport&health

Wilson[®]



21st ANNUAL WSMRA NATIONAL CHAMPIONSHIPS
January 15-17, 2010

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Entry Deadline: Postmarked by January 2, 2010

LOCATION: Lakeforest Sport & Health
700 Russell Ave., Gaithersburg, MD 20877 Phone: 301-258-0661
www.sportandhealth.com

FACILITIES: Towels will be available for \$1, bring your own locks.

HOST HOTEL: Holiday Inn Gaithersburg, MD
2 Montgomery Village Ave.
PHONE: 301-948-8900
ROOM RATE: \$85/night (up to 4 people per room- Wednesday thru Sunday)
BOOK BY January 2, 2010 and use code **WSM** to request group rate

DATES AND INFORMATION: January 15-17, 2010. Play begins at 8:00 am on Friday.
All matches should be completed by 3 pm Sunday. Please make your travel arrangements accordingly so as not to inconvenience players or tournament directors. Mandatory players meeting and registration at the Holiday Inn, Gaithersburg, MD, Thursday, January 14, 7:00 pm.

DOUBLES EVENT: Informal doubles will be held on Thursday, January 14th from 3-5 pm. This event will benefit Breast Cancer Research. Donations are requested, but not required.

ENTRY DEADLINE: January 2, 2010 is the final date for online entries and to postmark mail in entries which must be signed and include the entry fee.
TELEPHONE ENTRIES WILL NOT BE ACCEPTED!
Refund available if cancellation is received before entry deadline. A \$10 fee will be charged on returned checks or rejected credit card charges.

TRANSPORTATION: The host hotel is within walking distance, less than ¼ mile from the club. A shuttle will be available. Transportation to/from airport/hotel is not provided.
Use Super Shuttle 1-800 BLUE VAN (258-3826), (<http://www.supershuttle.com>) or check with the hotel for other options.

BALL: Wilson Hope Pink

AWARDS: Will be presented to the top 4 finishers in divisions with 2 or more flights; top 3 finishers in a single round robin of 8 or more; top 2 finishers in a single round robin of 7 or less.

HOSPITALITY: Fruit and drinks will be provided throughout the tournament, coffee and bagels in the morning, Friday lunch and dinner and Saturday lunch and evening banquet. Guest passes are available.

RULES: This is a Level 5 tournament and USAR National Singles qualifier (as of 2007 for 35 and over). USAR rules will apply and USAR membership is required and may be purchased with online entry or at check in. All events are round-robin and matches are self officiated. Approved lensed eyewear is required. An explanation of tournament specifics/procedures will be included in the player packet distributed at check-in.

FORMS ONLINE: At usaracquetball.com and the WSMRA web site
<http://www.wsmra.com/> or <http://www.wsmra.org/>

TOURNAMENT DIRECTORS: Brenda Loube 240-462-3553 (cell)
bloube@corporatefitnessworks.com
Karen Denu 703-797-9985
kdenu318@yahoo.com



(Please Print)
Name _____
Mailing Address _____
City _____ State _____ Zip _____
Home Phone _____
Work Phone _____ Cell Phone _____
E-mail _____
Birth Date _____ Age (as of 01-15-09) _____ USAR # _____
Club Affiliation _____

TOURNAMENT SOUVENIR:

(Women's Sizes): (circle one) S M L XL XXL

SELECT ONE:	35+ _____	60+ _____	OR	Skill Level:
	40+ _____	65+ _____		35+B/C* _____
	45+ _____	70+ _____		45+B/C* _____
	50+ _____	75+ _____		55+B/C* _____
	55+ _____	80+ _____		

*Note: Eligibility for a skill level event is at the player's discretion. Once a player has won a skill level event she is no longer eligible for skill level play.

FEES: Entry Fee: \$85.00 _____
Guest Hospitality Pass: # _____ @ \$18/person _____
Guest Banquet Ticket: # _____ @ \$38/ticket _____
Donation to the WSMRA _____
Total included _____

MAKE CHECKS PAYABLE TO: Karen Denu

CHARGE: Visa _____ MC _____ CARD # _____
(Please print clearly)

Signature: _____ Exp Date _____

- WAIVER -

I hereby, for myself, my family, my heirs, executors, and administrators, waive and release any and all rights and claims that I may have against any event sponsor, or their respective agents for any and all injuries. I also acknowledge the potential risk of eye injury during competition, and can certify in writing that my protective eye guards (including prescription frames/lenses) conform with all standards specified in USA Racquetball Rule 2.5(a).

PARTICIPANT'S SIGNATURE _____ DATE _____

MAIL ENTRY TO: **OR** **ENTER ONLINE AT:**
Karen Denu <http://www.r2sports.com/tourney/home.asp?TID=6067>
432 Clayton Lane
Alexandria, VA 22304