

2005 Ken Laramore Memorial Racquetball Tournament October 1, 2005



*Kirkwood Fitness & Racquetball Club
14th & Market Street,
Wilmington, DE*

Delaware Amateur Racquetball Association
706 Kilburn Road
Wilmington, DE 19803

NON-PROFIT ORG.
U.S. POSTAGE PAID
WILMINGTON, DE
PERMIT NO. 937

DARA TOURNAMENT SCHEDULE:

November 12, 2005
DARA Fall Open at University of Delaware
(Carpenter Sports Building), Newark, DE

January 14, 2006
New Year's Open at Kirkwood Fitness &
Racquetball Club, Wilmington, DE

February 18-19, 2006
3rd Annual Delaware Orthopaedic Center 2006
State Singles Championship at Kirkwood Fitness
& Racquetball Club, Wilmington, DE

March 18-19, 2006
3rd Annual Cardie Bros 2006 State Doubles
Championship at Kirkwood Fitness & Racquetball
Club, Wilmington, DE



Please Note: Due to insurance regulations, Kirkwood Fitness has advised us that they cannot permit anyone under the age of 16 to be on the premises at any time. They will be strictly enforcing this policy. This policy includes players and spectators. We apologize for any inconvenience.

LOCATION: Fitness & Racquetball Club,
14th & Market Street, Wilmington, DE 19801 (302) 655-4070

ENTRY FEE: (limit two events): First Event - \$40.00; Second Event - \$15.00

NEW DISCOUNT FOR FULL-TIME STUDENTS (with valid ID): \$30 fee for two events plus USAR membership, if needed. This is 1/3 the cost or a 66% savings!

SPECIAL BONUS TO NEW TOURNAMENT PLAYERS: DARA will give a \$10 discount off of the USAR membership fee (\$30.00 annual fee) for players who have not competed in a USAR sanctioned tournament in the past 3 years. You can also play in a second event in the tournament for free (an additional \$15.00 savings!). We want to encourage new players to come out and play!

ENTRY DEADLINE: Applications will be accepted through Saturday, September 24, 2005 until 5:00PM. Mail applications and payment to: **Steve Kowalski, 1109 Oakland Court, Newark, DE 19711. NO PHONE OR EMAIL ENTRIES WILL BE ACCEPTED.** Please supply us with your email address so we can confirm your registration.

We strongly encourage early registration to ensure placement in this **Event**. **NOTE:** Due to limited playing time, we will not be accommodating any restrictions on play start times.
No refunds after deadline.

HOSPITALITY: Tournament shirt, Bagels, Fruit, beverage and lunch for players only. Guest passes for food and drink will be available at the tournament desk for \$5 per person.

ELIGIBILITY: We accept players from **all** states. All players must be USAR members in good standing. Non-members can join the USAR at the tournament. The cost is \$30/year for USAR membership & competitive license.

START TIMES: Available after 5:00 pm Thursday, September 29, 2005 at the DARA website: www.dara.org Tournament may begin as early as 8:00 AM. Check-in 30 minutes before start time.

RULES: USAR Official Rules apply. Only amateurs may participate. Use of eye guards is **mandatory!** Eyeguards must meet ASTM or CSA impact standards as specified in USAR rule 2.5(a).

TOURNAMENT DIRECTOR: DARA Board **OFFICIAL BALL:** ProPenn

REFEREES: Winners are required to referee, find a suitable substitute, or risk forfeiture of their next match.

EVENT LEVEL: This is a level 2 USAR sanctioned tournament.

AWARDS: 16+ Players/division 1st - 4th
7-15 Players/division 1st - 3rd
4 - 6 Players/division 1st - 2nd
2 - 3 Players/division 1st only

Racquet stringing and accessories provided by Tom Bennett, "THE RACQUETEER."

2005 Ken Laramore Memorial Tournament - Entry Application

SHIRT SIZE (check one)

NAME _____ M L XL XXL
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 HOME PHONE _____ WORK PHONE _____
 BIRTH DATE _____ CLUB AFFILIATION _____
 EMERGENCY CONTACT _____ PHONE _____
 EMAIL ADDRESS _____ To register for rb eNews, goto: www.dara.org

Payment Method: Payment may be made by **check** or by **credit card**. Please make **checks** payable to: DARA, and mail to: Steve Kowalski, 1109 Oakland Court, Newark, DE 19711. Credit Card payments/Applications can also be faxed to 877/280-2724. (Attn: Ernie Lehman) **Credit card information (please print clearly):** Mastercard/Visa
 Name as it appears on Card: _____
 Card Number: _____ Expiration Date (MM/YY): _____
 Security code (last three digits on back of card) _____

Credit card billing will reflect the company name BGI Print Solutions.

I hereby, for myself and my heirs, executors, assigns and administrators, waive, release and forever discharge DARA, Kirkwood Fitness & Racquetball Club, their respective agents, sponsors, representatives, successors and assigns from any and all claims and demands, actions, or rights of action of whatever kind or nature, either in law or in equity arising from, or by reason of, any bodily injury, or personal injury, death or property damage resulting, or to result from my participation in the Ken Laramore Memorial Racquetball Tournament October 1, 2005 or activities in connection with said tournament whether by negligence or not.

Signed _____ Date _____
 Parent's Signature (if under 18) _____ Date _____

NOTE: Player level must be in accordance with DARA guidelines, ranking and common sense. The tournament directors have the right to deny or reclassify any player, and to limit, combine or cancel divisions without notice. All divisions with three or less players will be combined with other divisions; however, points will be awarded in the division(s) in which the player entered.

	OPEN	A	B	C	D	19+	25+	35+	45+	55+	60+	65+
Men's Singles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women's Singles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	OPEN	A	B	C								
Men's Doubles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Partner: _____							
Women's Doubles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Partner: _____							
Mixed Doubles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Partner: _____							

First Event (\$40) \$ _____
Second Event (\$15 or N/A for new USAR member) \$ _____
USAR Membership (\$30 or \$20 for new USAR member) \$ _____
Full-Time Student (\$30, which includes USAR membership, if needed) \$ _____
TOTAL \$ _____