


3rd Annual

Cardile Bros. Mushroom Co.
 2006 State Doubles Championship

"Proceeds to go to Meeting Ground, transitional home for the homeless"



March 18-19, 2006

AWARDS & CASH PRIZES

Kirkwood Fitness & Racquetball Club
 14th and Market Streets,
 Wilmington, DE 19801

Delaware Amateur Racquetball Association
 706 Kilburn Road
 Wilmington, DE 19803

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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 and Market Streets, Wilmington, DE 19801 (302) 655-4070

ENTRY FEE: (limit two events): First Event - \$45.00; Second Event - \$15.00
"Proceeds to go to Meeting Ground, transitional home for the homeless"

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, March 11, 2006 until 5:00PM**. If entries are accepted after the deadline, a **\$5.00 late charge will apply**. Apply **ON-LINE** at www.dara.org or **MAIL** applications with 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. **Note: towels and locks are not provided by the club.**

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, March 16, 2006 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. And, if needed, all players may be required to referee.

EVENT LEVEL: This is a level 3 USAR sanctioned tournament.

AWARDS: 7-15 Teams/division 1st - 3rd, 4-6 Teams/division 1st - 2nd and 2-3 Teams/division 1st only
 Plus Cash Prizes for Each Division: 1st Place \$100.00
 2nd Place \$50.00

*Minimum of 8 teams per division for full prize money, otherwise pro-rated.

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

2006 State Doubles Championship - Entry Application

	SHIRT SIZE (check one)			
NAME _____	M	L	XL	XXL
ADDRESS _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 American Express
 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 3rd Annual Cardile Bros 2006 State Doubles Racquetball Tournament, March 18 & 19, 2006 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 teams 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	All Age	30+	40+	50+
MEN'S	<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"/>

- Partner for Letter Division: _____
- Partner for Age Division: _____

	OPEN	A	B / C	
Women's Doubles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Partner: _____
Mixed Doubles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Partner: _____

First Event (\$45) \$ _____

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 \$ _____