

Honolulu Open 2010

Entry Form for UH Manoa Students Only

(Must have valid UH Manoa Student ID)

January 2 – January 3, 2010 • University of Hawaii at Manoa - Gym #1, Hawaii

Matches start at 4pm on Saturday and 9:00 am on Sunday.

Divisions

MEN'S SINGLES & DOUBLES: Open, B, C, D, Seniors (45+), and Masters (55+) divisions
WOMEN'S SINGLES & DOUBLES: Open, B, C, D, Seniors (45+), and Masters (55+) divisions
MIXED DOUBLES: Open, B, C, D, Seniors (45+), and Masters (55+) divisions
(Note: Doubles teams in Seniors or Masters events may use their average age to qualify.
Tournament director may combine, cancel, add or change divisions as necessary.)

Gym location

The Gym #1 is located at 1300 Lower Campus Road, Honolulu, HI 96822
and is about 3 miles out of Waikiki.

ENTRY FEE

First event: Free; Second event: \$5; Third event: \$5

Entry deadline: postmarked December 20, 2009.

Internet inquiries: richardcheung@yahoo.com

Make check payable to: Hawaii Badminton Club. Detach form below and mail with entry fee to:

Richard Cheung
1188 Bishop Street, Suite 1611
Honolulu, HI 96813

MM/DD/YYYY

Name: _____ Date of Birth: _____ Student ID#: _____

Address: _____

Phone (home) _____; (mobile) _____; Email _____

Event 1. _____ (partner:) _____

Event 2. _____ (partner:) _____

Event 3. _____ (partner:) _____

I agree to comply with the rules and event instructions of the Honolulu Open 2010. In consideration of your accepting this entry, I hereby, for myself, my heirs, executors and administrators, waive, release, and forever discharge any and all rights and claims for injuries and damages which may hereafter accrue to me against the Hawaii Badminton Club and sponsor, University of Hawaii at Manoa Student Recreation Services, or its members, the event's volunteers, officials, and sponsors, and the City and County of Honolulu for any and all injuries and damages suffered by me arising out of my participation in this event and I hereby assume the risk of such injury or damages which may occur. I hereby consent to receive medical treatment which may be deemed advisable in the event of illness or injuries suffered by me during this event, and authorize the release of information relating to my condition. I permit use of my name, pictures and interviews for use in any account of this event with no monetary payment to me.

Signature of participant (parent or guardian if participant under 18)

Date