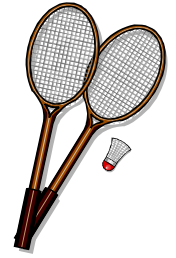




Washtenaw County Parks & Recreation Commission

Ann Arbor Badminton Open

February 26-27, 2010



TOURNAMENT DIRECTOR: Daniel Leung (734) 578-2877 (Dleung@emich.edu)

LOCATION: Meri Lou Murray Recreation Center
2960 Washtenaw at Platt
Ann Arbor, MI 48104
(734) 971-6355

FORMAT: Open ABCD drop flight (any age)
Senior: Open ABCD drop flight (45+)
* Each draw limited to 32 entries. Entrants limited to 6 events.

\$15 for the first event, \$10 for each additional event

SCHEDULE OF PLAY:

All Open ABCD, Senior: Singles (including finals)..... Starting at 6:30 PM Friday
Senior Doubles (including finals).....Starting at 9:00 AM Saturday
All Open ABCD: Doubles (including finals).....Starting at 11:00 AM Saturday
All Open ABCD: Mix Doubles (including finals).....Starting at 2:30 PM Saturday
Senior Mixed Doubles (including finals).....Starting at 2:30 PM Saturday

Participant Name _____ Birth Date _____

Address _____ City _____ State _____ Zip _____

1st Ph _____ 2nd Ph _____

Gender: **M / F** Rank your Ability: **A / B / C / D** E-Mail _____
(circle one) (circle one)

Event	Open	Partner Request	45+	Partner Request
Singles	<input type="checkbox"/>		<input type="checkbox"/>	
Men's Doubles	<input type="checkbox"/>		<input type="checkbox"/>	
Women's Doubles	<input type="checkbox"/>		<input type="checkbox"/>	
Mixed Doubles	<input type="checkbox"/>		<input type="checkbox"/>	

TOTAL NUMBER OF EVENTS ENTERED (MAX. 6): _____ **TOTAL FEE:** _____

Check Enclosed (made payable to WCPARC)

Charge to Visa/MasterCard
 Card # _____
 Exp. ____/____ Phone _____
 Signature _____

Register in Person:
 MLMRC 2960 Washtenaw Ave.
Register by FAX:
 (734) 971-2094
Register by Mail:
 WCPARC
 P.O. Box 8645 Ann Arbor, MI 48107

Waiver: I attest that I am / my child is physically capable of participating and give my permission to participate in all activities in the above program for which I have registered and hereby release Washtenaw County Parks and Recreation Commission from any responsibility whatsoever for personal injuries, damages, or loss of equipment resulting from participation.

Signature _____ **Date** _____

OFFICE USE:	Check #	Cash Receipt #	CC Approval #	
	Staff Initials	Amount	Date	Time

We'll contact you only if there is a problem with your registration. Questions? (734) 971-6355, parks.ewashtenaw.org