**2017 ENTRY FORM**

Please return this form and entry fee payable to: **Doug Tusten, 108 Grimsby Court, Chambersburg, PA 17201.**

**NAME**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDRESS**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (**EMAIL**: )

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHONE:**  (home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (work) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AGE:** \_\_\_\_\_\_\_\_\_\_\_ **I USUALLY PLAY IN THIS DIV**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WILL ATTEND BANQUET**: YES \_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_

**NUMBER OF GUESTS FOR THE BANQUET**: \_\_\_\_\_\_\_\_\_ ($20.00 PER GUEST)

**USHA MEMBER**: YES \_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_

**TOTAL $ ENCLOSED**: \_\_\_\_\_\_\_\_\_\_\_\_

**NOTE**: Appropriate eye protection appropriately worn is required for all players while on the court.

 I hereby waive all claims for myself, my heirs and assigns against the Hagerstown YMCA, the Hagerstown Handball Club and the respective agents in connection with my participation in the tournament, banquet and all related activities. I recognize that I am at risk and agree to be legally bound.

 **SIGNATURE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **DATE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_