



2014 U.S. JUNIOR OPEN SQUASH CHAMPIONSHIPS

December 20th – 23rd 2014 GROUP ENTRY FORM

(Please type this form or complete in block capitals)



National Association	
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We would like to enter the following players into the 2014 U.S. Junior Open Squash Championships:

	Event Division	First Name	Surname/Last Name	Date of Birth (MM/DD/YYYY)	National Ranking
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					



We enclose the entry fees of _____ (Number of entrants x \$165.00) BEFORE **11/12/14**
OR \$195.00 after deadline of **11/12/14** payable to US Squash.

Amount to be charged: _____

Credit Card Type (circle one): AMEX MASTERCARD VISA

Name on Credit Card: _____

Credit Card Number: _____

Expiration date: ____/____ Security Code: _____

Address: _____

City: _____

State/Province: _____

Country: _____

Zip: _____

Phone: _____ Email Address: _____

Contact details to for main communications (This person will be responsible for distributing the start times and tournament information to the above named entrants):

NAME	
Email:	Mobile:
Tel:	Title

By endorsing these entries, your National Association confirms that all your players and coaches in attendance are fully aware of the Regulation regarding the mandatory requirement that only eye protectors that have complied with one of the National Safety Standards for Squash will be permitted. Please see Tournament Information Page on the US Squash website, which provides details of these eye protectors. Failure to do so will result in player disqualification.

ENDORSEMENT BY NATIONAL ASSOCIATION

Signed: _____ Name: _____

Position: _____ Date: _____