



FALL 2004 TOURNAMENT

November 13, 2004

- EVENTS:** **Singles:** Male & Female
Doubles: Male, Female & Mixed
Players may enter a maximum of three events.
- DIVISIONS:** **Singles:** Beginner, Intermediate & Open
Doubles: Beginner & Open
Players may only enter one division (B, I or O). Where there are not enough entries, sections may be combined.
- LOCATION:** **Langton Hall Gym**
Oregon State University, Corvallis, OR
- SCHEDULE:** **Saturday, November 13th, 2004**
8:30 AM: Registration for **Singles**; warm up
9:00 AM–12:00 PM: Singles Tournament
12:00 PM: Registration for **Doubles**; warm up
12:30 PM–6:00 PM: Doubles Tournament
- FORMAT:** **Singles: Rally scoring** throughout **Singles play**
Pool play, then single elimination
Doubles: Traditional scoring throughout **Doubles play**
Pool play, then single elimination
- DEADLINE:** Must be postmarked by **November 6th, 2004**
Late entries will be accepted only if space is available.
- ENTRY FEES:** Each player must submit an entry form.
\$10 for first event, \$5 for each additional event.
\$5 per event for BOS members, or OSU students/faculty/staff with valid ID.
Late Registration: \$15 (\$10 for OSU students/faculty/staff or BOS members)
One shuttlecock is provided for each match. Additional shuttles may be bought for \$1.50 each.
- CONTACT:** Ching-chia Ko, (541) 754-8584, badmintonclub@oregonstate.edu
- FLYERS:** Flyers may be picked up at the Intramural Office at Dixon or downloaded from <http://oregonstate.edu/groups/bos>
Events, Scheduling and prizes are subject to change based on entries.



2004 BOS Tournament Entry Form

Please indicate the event(s) you are entering.

	Beginner	Intermediate	Open	Partner's name (or "find one for me")
SINGLES	_____	_____	_____	
DOUBLES	_____		_____	
MIXED	_____		_____	

GENDER: M F

PRINTED NAME: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

PHONE: (_____) _____

EMAIL: _____

BIRTHDAY: ____/____/____

Entry Fee:

Make checks payable to: OSU Badminton Club

First event _____

Additional events _____

Send to: OSU Badminton Club

Total Enclosed _____

103 Memorial Union #485

Corvallis, OR 97331

Waiver: I understand that my participation in this activity is solely at my own risk. I agree to waive any and all claims against officers or volunteers of Oregon State University, OSU Badminton Club, and any participants in this tournament, which may have arisen from bodily injury to me, or illness contracted by me, or from my loss of personal property through theft or damage incurred during the tournament. I agree to abide by the regulations of the tournament.

Signature: _____ Date: _____

Parental Signature (if under the age of 18): _____