



## 2005 DOUBLES TOURNAMENT

April 30, 2005

- EVENTS:** Doubles – Male, Female and Mixed
- DIVISIONS:** Beginner, Intermediate, Open, Master (45+)  
People may enter no more than two divisions. Where there are not enough entries, sections may be combined.
- LOCATION:** Langton Hall Gym  
Oregon State University, Corvallis, OR
- SCHEDULE:** Saturday, April 30, 2005  
9:00 AM – 5:00 PM
- FORMAT:** Traditional scoring in pool play and single elimination
- DEADLINE:** April 23, 2004 (Late entries accepted only if space is available)
- ENTRY FEES:** Each player must submit one entry form.  
\$10 for first event, \$5 for each additional event.  
\$5 per event for 18U, BOS members, or OSU students/faculty/staff with valid ID.  
Late Registration: \$15 (\$10 for 18U, 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](mailto:badmintonclub@oregonstate.edu)
- FLYERS:** Flyers may be picked up at the Intramural Office, LH 129, or downloaded from <http://oregonstate.edu/groups/bos>

Events, Scheduling and prizes are subject to change based on entries.

Directions/map to the event location may be downloaded from

<http://oregonstate.edu/groups/bos>



## 2005 BOS Doubles Tournament Entry Form

Please indicate the event(s) you are entering.

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

GENDER:    M    F

PRINTED NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: (\_\_\_\_\_) \_\_\_\_\_

\*\*\*EMAIL\*\*\*: \_\_\_\_\_

BIRTHDAY: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*\*\*An email or phone call will be sent to you to notify the starting time of your division three days prior to the date of the tournament. \*\*\*

**Entry Fee:**

***Make checks payable to: OSU Badminton Club***

First event        \_\_\_\_\_

Additional events \_\_\_\_\_

Total Enclosed    \_\_\_\_\_

***Send to: OSU Badminton Club***

**c/o Student Involvement Office**

**149 MU East, OSU**

**Corvallis, OR 97331-1610**

**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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parental Signature (if under the age of 18): \_\_\_\_\_