

Maverick Open

October 23-25, 2015

EVENT LOCATION: Mankato Family YMCA

AMENITIES: Friday night pizza at Jake's, Saturday lunch at the Y, free towel, locker, and tournament shirt.

PLAYING TIME: Competition will begin on Friday at 2pm. Call YMCA at (507)387-8255 after 3pm on October 21st. Some divisions may have finals on Sunday. The youth tournament will be held on Sunday only.

RULES: All divisions will be standard USHA rules and scoring – 2 games to 21, tie breaker to 11. Consolation may be games to 15. Losers referee. Tournament committee may reclassify players.

ENTRY ADDRESS: ATTN: Sarah Heath, Mankato Family YMCA, 1401 S. Riverfront Dr., Mankato, MN 56001. Make checks payable to: Mankato Family YMCA. Write "Handball Tournament" in the memo.

DEADLINE: **NEW THIS YEAR** – Because this tournament has been full, **PRIORITY** will be given to entries that are **PAID** and **RECEIVED** by October 12, 2015. You are **NOT** guaranteed a spot if your entry and payment are not received by the deadline!

X -----

Mankato Handball Experience Official Entry Form

Please identify the event(s) in which you wish to participate: ENTRY FEE: AMT. ENCLOSED _____

- | | | |
|--|---|---|
| <input type="checkbox"/> Open | <input type="checkbox"/> Youth Singles | <input type="checkbox"/> I would like to sponsor ____ collegiate player(s) at \$15 per player |
| <input type="checkbox"/> A Singles | <input type="checkbox"/> Master (40+) Singles | |
| <input type="checkbox"/> B Singles | <input type="checkbox"/> Super (50+) Singles | |
| <input type="checkbox"/> C Singles | <input type="checkbox"/> Golden (60+) Singles | |
| <input type="checkbox"/> 90+ Doubles - ages of team must add to 90 or more | | <i>Entry Fee: \$40 / Additional \$20 for 2nd event</i> |
| <input type="checkbox"/> 100+ Doubles - ages of team must add to 100 or more
(Minimum individual age is 50) | | <i>\$15 for college students
No Charge for Youth Singles</i> |

CIRCLE EARLIEST Friday Start time 2:00 3:00 4:00 5:00 6:00 7:00

We will assume 2:00 unless you provide a preference.

NAME _____ PHONE: _____
 ADDRESS _____ CITY _____ STATE _____
 ZIP _____ Email: _____ DATE OF BIRTH _____
 Doubles Partner (if applicable): _____ SHIRT SIZE _____

I understand there is risk of injury and the use of lensed protective eyewear is mandatory for all. I, for myself, my heirs, executors and administrators, waive and release any rights and claims for damages I may have for any injuries that may be suffered by me in connection with my participation in the 2015 Maverick Open and release the YMCA, all the employees and sponsors from any claims.

Signed (Parent if under age 18): _____ Date: _____