

Please enter me in:

NRAD Entry Form-Please print legibly

Singles	Men's	Women's	Name _____
<hr/>			
	Division	Division	Address _____
<b>Open</b>	( )	( )	
<b>A</b>	( )	( )	City _____
<b>B</b>	( )	( )	
<b>C</b>	( )	( )	
<b>Novice</b>	( )	( )	State _____ Zip _____
<b>35A</b>	( )	( )	
<b>35B</b>	( )	( )	Day Tel No. (V/VP) _____
<b>35C</b>	( )	( )	
<b>45A</b>	( )	( )	Evening Tel No. (V/VP) _____
<b>45B</b>	( )	( )	
<b>45C</b>	( )	( )	Email address _____
<b>55+</b>	( )	( )	

Women's first time participants:

SHIRT SIZE

NRAD entry fee and membership are free.

PLEASE CIRCLE:

Women's Novice ( )

M - L - XL - XXL

Doubles

<b>Group 1</b>	( )	( )		<b>FEE &amp; PAYMENT</b>
<b>Group 2</b>	( )	( )		
<b>Group 3</b>	( )	( )	First Event (open)	_____ \$55.00 _____
<b>Mixed Group 1</b>	( )	( )	First Event	_____ \$45.00 _____
<b>Mixed Group 2</b>	( )	( )	Second Event	_____ \$20.00 _____
<b>Mixed Group 3</b>	( )	( )	Third Event ( Doubles Only)	\$15.00 _____
_____			NRAD Membership fee	_____ \$10.00 _____

See next Page for Doubles Rules instructions. **Entry Late Fee: After April 18th \$10.00**

Doubles Partner 1 \_\_\_\_\_

**Dinner / Hall of Fame / Entertainment**

**\$35.00, 6:00pm (casual)**

Doubles Partner 2 \_\_\_\_\_ (player fee is not included) \_\_\_\_\_

**TOTAL DUE** \_\_\_\_\_

**NOTE: We will not accept form with postmark dated past April 28th 2010.**

**\*\$5,000 CASH PRIZE GUARANTEED FOR ALL EVENTS BASED ON 70 PAID ENTRIES**

Note: Doubles rules for Men's, Women's, and Mixed Events.

**Group 1- Open Players:** May choose Open, A, B, C, or Novice Players.

**Group 2-A Player:** May choose an A, B, C, or Novice player. *B Player:* Choose another A, B, C, or Novice player.

**Group 3-C Player:** May choose a C or Novice player. *Novice Player:* Choose another Novice player or C player.

A change in playing partners may be made so long as the first match of the posted team has not begun. For this purpose only, the match will be considered started once the teams have called to the court. The team must notify the tournament director of the change prior to the beginning of the match.

**Mail entry form and cashier's check or money order.**

**Payable to: WSAD/NRAD 2010**

**Lupe Linder**

**P.O. Box 88633**

**Carol Stream, IL. 60188-8633**

WAIVER: I hereby, for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against West Suburban Association of the Deaf, National Raquetball Association of the Deaf, Schaumburg Tennis Plus, Forest View Park District and their representatives, successors and assigns, for any and all injuries which may be suffered by me in connection with this tournament.

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

Signature of parent or guardian if applicant is under the age of 18.

