

Florida State University
Presents
Seminole Squash Spectacular
Saturday April 15, 2006

Levels: Men/Women 2.0-2.9(beginner), 3.0-3.9(intermediate), 4.0-4.9(intermediate-advanced) & 5.0-5.9(advanced). Events will be added, deleted or modified to suit the tournament.

Venue: Leach Recreation Center. FSU 210 Leach Center Tallahassee, FL 32306

Tournament Committee: Dr. Hardeep Sing, Giorgio Richelli & Ranil Goonesekera,
Tel: (850) 644-0997 *Fax:* (850) 644-0467 *Email:* rgg3886@mailers.fsu.edu

Includes: Three matches guaranteed. Special surprise gift for all players, lunch, and drinks all day. *Cocktail party Saturday night!* Trophies will be given to all winners.

Notes: Matches will be played on 20ft converted squash courts. Losers are responsible to referee the next match on that court. Eyewear with lenses is highly recommended.

Embroided Surprise for all participants! Trophies for all winners!!

Entry fee: \$15.00 for full-time students (Student ID required) & \$35.00 for non-students.

- **Checks payable to:** "Racquet Sports Club"
- **Directions to the Leach Recreation Center:** Take I-10 to exit 199. Go South on (Hwy 27) Monroe Street and make a right on to (Hwy 90) Tennessee Street. Take a left on to Copeland St. Make a right on to Jefferson St. Make a right on to Woodward St. Take a left on to Park Ave. Make a right on to Wildwood Dr. Take the first driveway to the left to reach the Leach Center.
- **Hotels:** <http://secure.imarcsgroup.com/leoncountyt/dc/renderpage.asp?pageid=223>
- **Starting times will be e-mailed to you by noon on Thursday April 13, 2005.**

Seminole Squash Spectacular – Closing Date: Wednesday April 12, 2006

Name: _____ Email _____

Phone#: () _____

Level: _____ (Please enter only one level) Entry fee \$: _____

Shirt size: _____ (M) _____ (L) _____ (XL)

*Patron Donation Amount: \$ _____

*All proceeds will go to the travel fund of **FSU Undergraduate Squash Team.**

**Release of Liability: I hereby relieve, release and forever discharge and agree to indemnify and hold harmless the participating squash facility, FSU Bobby E. Leach Center and its servants agents, and employees from any and all claims of any and every kind and character for injury to my person or damage to property as a result of my participation in this event.

Signed: _____ **Dated (dd/mm/yy):** _____

Mail or drop off entry and payment:

Ranil Goonesekera
FSU, 121 Westcott Bldg.
Tallahassee, Fl 32306-1432