



6th Annual PowerSlam Racquetball Charity Open Benefiting the Church Health Center

March 12th-14th, 2010

LOCATION: WellWorx Sporting Clubs, 6161 Shelby Oaks Drive, Memphis, TN 38134

ENTRY FEES: First Open Event \$60; 2nd Open Event \$40. Open single losers drop down to Elite.

Pay-offs: Based on 8 players - Singles: 1st \$550, 2nd \$350, semis \$50
Based on 8 teams - Doubles: 1st \$400, 2nd \$250, semis \$50

All other divisions: 1st Event \$40; 2nd Event \$25 & 3rd event \$10. Make checks payable to: MARA.
Mail entry to: Sadie Hall, Medtronic, 1800 Pyramid Place, Memphis, TN 38132.

ENTRY INFORMATION: All entries & fees must be received by Tuesday, March 9th. Starting times will be available Thursday March 11th after 5:00PM. Call 901/833-2268.

RULES: This event is USAR sanctioned. All entrants must be current USAR members. Applications available on site.

BANQUET: The banquet will begin about 6:30 pm on Saturday evening.

HOSPITALITY: Tournament players receive free food and drinks. For others at the tournament, hospitality passes will be available for \$15.00. Passes include a ticket to the awards banquet.

TOURNAMENT COMMITTEE: Sadie Hall 399-2921 sadie.s.hall@medtronic.com; David Gross 833-2269, Sandy Gross 833-2268 ds144@bellsouth.net; Scott Hall 299-3029 nvstr4u@bellsouth.net.

NAME: _____
 ADDRESS: _____ Email: _____
 CITY: _____ STATE: _____ ZIP: _____
 Phone: (day) _____ (night) _____

Events:

Men:

- | | | | |
|----------------------------------------|------------------------------|-------------------------------------|----------------|
| <input type="checkbox"/> Open | Women: | Doubles: | |
| <input type="checkbox"/> A | <input type="checkbox"/> A/B | <input type="checkbox"/> Men's Open | Partner: _____ |
| <input type="checkbox"/> B | <input type="checkbox"/> C/D | <input type="checkbox"/> Men's A/B | Partner: _____ |
| <input type="checkbox"/> C | | <input type="checkbox"/> Mixed A/B | Partner: _____ |
| <input type="checkbox"/> D | | | |
| <input type="checkbox"/> Seniors (35+) | | | |
| <input type="checkbox"/> Masters (55+) | | | |

Waiver Clause: I hereby, for myself, my heirs executors, and administrators waive any and all rights against Wellworx Sporting Clubs and tournament sponsors for any and all injuries suffered by me during this tournament.

Signature: _____ Date: _____

Payment: (make check payable to MARA)

Entry Fees Open 1st Event \$60 _____ 2nd Event \$40 _____

1st Event \$40 _____ 2nd Event \$25 _____ 3rd Event (must be mixed doubles) \$10 _____

Hospitality Passes \$15 x # people _____ = _____

Total \$ _____

Charitable Donation: (make check payable to the Church Health Center)

Total

\$ _____