

	<p align="center">Bob Caples Memorial 3-Wall Tournament June 8 & 9, 2024 (keep the 7th open as well for pro clinic)</p>	<p align="center"><i>3-wall</i> Handball The Perfect Sport <i>Moot</i></p>
<p>Sponsors</p>	<p align="center">Beacon Orthopaedics and Sports Medicine</p>	<p align="center">We reserve the right to limit (or refuse) entries; be sure to get your entry in early !!!</p>
<p>Deadline</p>	<p>Entries should be received no later than:</p>	<p>Monday, June 3rd (earlier if at capacity)</p>
<p>Divisions</p>	<p>Open Singles; A/40's; 60ish Singles; B/C Singles; Open Doubles; B/C Doubles; A/125(ish) Doubles</p>	<p>(WE ARE OPEN TO OTHER DIVISIONS IF THERE IS INTEREST) (We reserve the right to combine/create divisions or change format, based on number of entries)</p>
<p>Entry Fee (One event per person; see below for more details on a second event)</p>	<p><u>Friend of Tournament Entry...ADD to your entry:</u> Will help cover tournament expenses; otherwise, fees are: \$ 65.00; 1st Event (see below for details) \$ 25.00; 2nd Event (if available) \$5 discount if GCHA member <u>College Students</u> \$ 30.00; 1st Event (incl. GCHA membership) \$ 10.00; 2nd Event (if available) <u>Juniors (under 16 years old)</u> \$ 15.00 (May need to play on Fri. or Sun.)</p>	<p><u>Make checks payable to: GCHA</u> (Greater Cincinnati Handball Association) <u>Mail checks with entry to Tournament Director:</u> Matt Job 514 Stratton Dr. Florence, KY 41042 (320) 241-9370 e-mail: mattjob47@gmail.com <u>Clip and mail entry form below:</u></p>
<p>Guidelines</p>	<p>2 games to 21, (or 2 games to 15 if needed), 11 point tiebreaker Eye guards must be properly worn at all times</p>	<p>Plan on using the ONE ball. Losing team or player must supply a referee for the following match.</p>
<p>Location</p>	<p>Veterans' Park, Green Township 6231 Harrison Avenue Cincinnati, OH 45247</p>	<p>I-74 (east or west) to Exit 11, Harrison, Rybolt Exit. Head UP HILL on Harrison Avenue. Parking entrance on right (at light, just past car dealership). About 1 mile from exit.</p>
<p>Hospitality</p>	<p>Lunch Saturday and Sunday at the courts.</p>	<p>Gatorade and water courtside. Fruit, snacks and drinks all weekend.</p>
<p>Awards</p>	<p>Tournament souvenir for all entrants</p>	<p>Awards for 1st and 2nd place in all divisions. (maybe 😊)</p>
<p>Start Times</p>	<p>Play begins Saturday at 8:30 a.m.</p>	<p>For starting times and brackets, check GCHA.org on Wednesday June 5th.</p>

Name _____ Phone _____

Address _____ Age _____

Email address _____ Divsn. _____ Partner _____

**(we can only commit to one entry per person; if available we will accommodate your second
choice)**

2nd event (if available) Divsn. _____ Partner _____

The undersigned hereby assumes all responsibility for, and all risk of damage or injury that might occur or arise from participation in the above event. The undersigned specifically releases and discharges the sponsors, organizers, Green Township, their employees, and agents from any and all such claims that may arise from same.

Signature _____ Date _____