

THE 42ND ANNUAL BEN DELANEY MEMORIAL CIRCLE CITY HANDBALL TOURNAMENT

Site: Jordan YMCA, 8400 Westfield Boulevard, Indianapolis, Indiana, 317-253-3206

Date: February 3rd, 4th, and 5th, 2017

Entry Fee: \$60 first event: \$70 if not USHA member, confirmed at door.
\$25 per player second event. \$35 for students and juniors.
Entry fee non-refundable after sign-up deadline.

Awards: 1st and 2nd place in all events. Every player will receive a tournament souvenir.

Deadline: Monday, January 30th, 2017 (or when field is full). Entry fee must accompany entry blank. Call Tim Zender after February 1st, 2017 at 317-679-3075 for start times
or...*DRAWSHEETS/TIMES AVAILABLE ONLINE AT r2 sports*
www.r2sports.com/tourney/home.asp?TID=20104 .Be prepared to play at 4:00 p.m. on Friday, February 3rd.

NOTE: FIELD MAY BE LIMITED

Lodging: Holiday Inn (317.872.9790) Embassy Suites (317.872.7700) Drury Inn (317.876.9777)

Banquet Saturday Night

Lunch Saturday

Refreshments, Fruit & Food Daily

EYEGUARDS ARE MANDATORY ***USHA RULES APPLY***

*****EVENTS MAY BE ELIMINATED OR COMBINED AS NECESSARY*****

*****SINGLE ELIMINATION. NO DROP-DOWNS OR CONSOLATION*****

___ Open Singles

___ A Singles

___ B Singles

___ C Singles

___ B Doubles

___ C Doubles

___ Masters Singles (40+)

___ Golden Singles (50+)

___ Super Singles (60+)

___ Diamond Singles (70+)

___ Women's Open Singles

___ Women's A Singles

___ Junior Singles (13 &
under)

___ Open Doubles

___ Master Doubles (40+)

___ Golden Doubles (50+)

___ Super Doubles (60+)

___ Women's Open Doubles

___ Women's A Doubles

___ Diamond Doubles (70+)

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Doubles Partner: _____ Shirt Size (circle): sm md lg xl xxl

Tim Zender

Make checks payable to: Circle City Handball and mail to:

10670 Hoosier Road
Fishers, Indiana 46037

I understand that there are potential risks associated with any program requiring physical activity, including this one. I further understand and agree that the Young Men's Christian Association of Greater Indianapolis ("YMCA") does not assume any financial responsibility for medical expenses and/or compensation for any injury that I may suffer during or resulting from participation in this program or any other activities at the YMCA's facilities. I agree that it is my responsibility to receive clearance from my physician before participating in this or any physical activity. I do hereby, for myself, my heirs, agents, assigns, executors and administrators (collectively, "I" or "me"), waive, release and forever discharge any and all rights and claims for damages that I may have or that may hereafter accrue to me arising out of or in any way connected with my participation in this or any future programs at the YMCA's facilities. I further agree to indemnify YMCA for any and all costs, including legal fees, incurred as a result of any claims made by me in relation to my participation in this or any future programs at the YMCA's facilities. Also, the undersigned specifically releases and discharges the sponsors and agents from any and all such claims that may arise from same.

Signature: _____ Date: _____