LEINSTER BRANCH BADMINTON UNION OF IRELAND

LEINSTER U17 YONEX OPEN CHAMPIONSHIPS
This is a Badminton Ireland Ranking Event

To be held in Baldoyle Badminton Centre, Grange Road, Dublin 13.
Saturday & Sunday 7th & 8th October 2017

CONDITIONS OF ENTRY

1. **Entries to be sent to: Terenure Badminton Centre, Whitehall Road, Terenure, Dublin 12**
2. **Closing date for receipt of entries Saturday 23rd September(As this is a ranked event entries will NOT be accepted after this date)**
3. **Each competitor must send a separate entry form accompanied by the fee of €12.00 (Sterling £10.00) per event or €30.00(£25 Sterling) for 3 Events**
4. **All competitors** must be affiliated to Badminton Ireland and provide their affiliation number with entry. Entries will **NOT** be accepted without affiliation number, affiliation numbers can be obtained from Club Secretary or Badminton Ireland
5. **Qualifying date – Midnight 31st December 2018**
6. **Players must wear acceptable badminton clothing**
7. **The decision of the Tournament Committee on all matters in connection with the competition will be final.**
8. **It is a condition of entry to all events that players will undertake a drug test involving the provision of a urine sample under qualified supervision for subsequent analysis. See entry form for parent/guardian signature of consent.**
9. Children must be supervised by parent/guardian for the duration of the tournament, the responsibly for the care of children remains with the parents who have entered the said children.

Method of Entry:

(a) By Entry Form (see below)
(b) Online at www.tournamentsoftware.com

Payment must be sent with entry form and/or fee sent directly to Terenure Badminton Centre at the time of "online" entry
Please ensure your doubles partner also enters.

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ENTRY FORM
Postal Orders/Cheques to be made payable to Leinster Branch B.U.I.

		FEE
U13 on 31/12/18	**P A R T N E R**	
Boys Singles	**XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX**	
Girls Singles	**XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX**	
Boys Doubles		
Girls Doubles		
Mixed Doubles		
	Total	

NAME:(Block Capitals) .....DATE OF BIRTH……...….....

ADDRESS: (Block Capitals) .....:.....…….....

PHONE NO: ..... EMAIL:.....…….....

NAME OF CLUB/SCHOOL: .....:.....BI AFFILIATION NUMBER: ……....….....

(ENTRY **WILL NOT** BE ACCEPTED WITHOUT BADMINTON IRELAND AFFILIATION NUMBER)

Late entries will not be accepted