

The Wisconsin Handball Association and Wisconsin Athletic Club Proudly Present
The 27th Annual Milwaukee Handball Classic – 2007
The First Qualifier for “Showtime in Seattle”

November 30th –Dec 2nd ,2007

Site: Wisconsin Athletic Club, 1939 South 108th Street (Highway 100), West Allis, Wisconsin 53227
Dates: Events start on Friday, Nov 30th at 4:00PM and conclude on Saturday evening. **Except Open & Doubles**
General Information: Souvenir, food and beverage, indoor pool, fitness center, steam, sauna, Laughs, lies, etc. to insure a great weekend.
Entry Fee: \$60, \$80 for Open Single, \$30 for Junior and Collegiate Players. 2nd event---- \$25.00
Prizes/Awards: Prize money for top four in Open, Special Prizes for all other events
Entry Deadline: All entry forms must include fee and be received by **Friday, November 23rd.** **Late Phone Entries by Credit Card only** No cancellation refunds after November 24. Seeding committee reserves the right to reclassify or deny any entry.
Starting times Please call (414) 321-2500 between 5:00-8:00 PM on Wednesday, November 29th for actual starting time.
Rules: Current USHA rules will apply. Eye protection is mandatory!
 Contact Charlie Keller - (414) 241.5489
Accommodations: Day's Inn, 1673 S. 108th St.. West Allis, WI 53214 (414) 771-3399 (next to the club)
Specify: Handball Rate Doubletree Hotel-18155 W. Bluemound Rd Brookfield 800-222-8733 \$89.00 Includes buffet breakfast

2 events only

ENTRY FORM

- | | | |
|---|--|---|
| <input type="checkbox"/> Open Singles \$1000 (1 st) | <input type="checkbox"/> Veterans Singles 45+ | <input type="checkbox"/> Veteran Super 65+Singles |
| <input type="checkbox"/> Open Doubles \$500 | <input type="checkbox"/> Veteran B Singles | <input type="checkbox"/> Golden Doubles 50+ |
| <input type="checkbox"/> B Singles | <input type="checkbox"/> Golden Singles 50+ | <input type="checkbox"/> Super Doubles 60+ |
| <input type="checkbox"/> C singles | <input type="checkbox"/> Golden B Singles | |
| <input type="checkbox"/> Senior Singles 35+ | <input type="checkbox"/> Veterans Golden Singles 55+ | |
| <input type="checkbox"/> Masters Singles 40+ | <input type="checkbox"/> Super Singles 60+ | |
| <input type="checkbox"/> Masters B Singles | | |

(FIRST EIGHT ENTRIES GET IN)

Second choice if division is filled _____ MUST HAVE 8 for a division **USHA Member** () Yes () No

Name _____ Age _____ Phone (_____) _____

Address _____ City _____ State _____ Zip _____

Club Affiliated With _____ Indicate Earliest Start Time Friday: _____

Partner Name _____

Waiver and Release

The undersigned, in consideration of this entry being accepted, hereby assumes all responsibility for any 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 Wisconsin Athletic Club, its employees and agents, the Wisconsin Handball Association, its officers and agents from any and all such claims that may arise from same.

Phone entry with CC only

Total Amount Enclosed: \$ _____

Make check payable to and mail to:

WHA
c/o Charlie Keller
P.O. BOX 714
Menomonee Falls, WI 53052
 (Do not mail to W.A.C.)

Signature _____

Parent or Guardian if under 18 _____