



LAS VEGAS ATHLETIC CLUB

MRF/RRCs DOUBLES SHOOTOUT ENTRY FORM



Name _____ Club _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Partner _____ Club _____

Partner's Phone (H) _____ (W) _____

(Partner must submit separate entry form)



PLEASE ENTER ME IN:

Men's Doubles : OPEN ___ ELITE ___ A ___ B ___ C ___

Mixed Doubles: OPEN ___ ELITE ___ A ___ B ___ C ___



ENTRY FEES: **1ST EVENT** **2ND EVENT**

USAR Member \$20.00 \$10.00

USAR Non-Member \$25.00 \$10.00



Make checks payable to: MRF

Mail to: Jack Hughes, 8317 Divernon Ave., Las Vegas, NV 89149

VISA or MASTERCARD Number _____

EXPIRES _____ **# ON BACK** _____

Name on Card: _____

Billing address (if different than above _____



SIGNATURE _____ **DATE** _____

WAIVER: Upon participating in activities/events sponsored by the USRA and/or its affiliated associates, I/we agree to abide by the rules of the USRA as currently published. I/we understand and appreciate that participation or observation of the sport constitutes a risk to me/us of serious injury. I/we voluntarily and knowingly recognize, accept and assume this risk and release USRA, the Las Vegas Athletic Club, its tournament directors, its associates, their sponsors, event organizers and officials from any liability there from. I hereby, for myself my heirs, family, executors, and administrators do waive and release any and all rights and claims that I may have or acquire against USRA, the Las Vegas Athletic Club, its associates, their sponsors, event organizers and officials for any and all injuries or damages or acts of negligence, known and unknown. By my signature, I certify that I have read and understand this information.

Signed _____ **Date** _____

