

# Victor Olve Junior International Tournament 2015



East Cheshire Performance Centre would like to invite you to the Victor Olve Junior International Tournament in Belgium from Thursday 2nd April 2015 to Tuesday 7th April 2015. We will be entering a team in the following age groups; U11 (born in 2004 or later), U13 (born in 2002 or 2003), U15 (born in 2000 or 2001) and U17 (born in 1999 or 1998). We will be taking a maximum of 4 boys and 4 girls in each age group.

Singles event will be played in groups. Top two players of each group will go onto a knockout system. All doubles and mixed will be played in a straight knockout system. All semi-finals and finals will be played on Monday 6th April.

We will be departing from Cheadle Hulme on Thursday 2nd April 2015 around 9pm. Other pick-up points may be available upon request. Please contact Emily for further information.

Cost per player will be £330  
Cost per non player will be £300

#### This covers:

- Entry fee for the tournament (for players only)
- On court coaching throughout the tournament (for players only)
- Transportation
- Accommodation at the 4\* Best Western Hotel
- Hot and cold buffet breakfast at hotel on 04/04/15, 05/04/15 and 06/04/15
- Lunch on Saturday 04/04/15, Sunday 05/04/15 and Monday 06/04/15
- Dinner on Saturday 04/04/15 and Sunday 05/04/15

Please note that we do not cover the cost of any meals on Friday 3rd April and dinner/supper on Monday 6th April 2015. It is your responsibility to arrange your travel insurance if you wish to purchase any. Please fill in entry form below and return it with a non-refundable deposit of £100 per person to Emily Stapley, 1 Valley Road, Bredbury, Cheshire, SK6 2EA. Cheques should be made payable to 'East Cheshire Performance Centre'.

Any further queries please contact Emily on 07786-268209 or email at [emily@eastcheshirebadmintonpc.co.uk](mailto:emily@eastcheshirebadmintonpc.co.uk)

# Victor Olve Junior International Tournament 2015 Entry Form



Player's Full Name as shown on passport \_\_\_\_\_

Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Gender M/F

Address \_\_\_\_\_

Post code \_\_\_\_\_ Email address \_\_\_\_\_

Contact number \_\_\_\_\_ (home) \_\_\_\_\_ (mobile)

Nationality \_\_\_\_\_ Visa required? YES / NO

Please circle where appropriate

Event(s) Boys / Girls Singles / Doubles / Mixed doubles U11 / U13 / U15 / U17

Doubles partner (if known) \_\_\_\_\_

Mixed doubles partner (if known) \_\_\_\_\_

Medical condition / special diet requirement \_\_\_\_\_

## Non-player

Name \_\_\_\_\_

Address (if different to above) \_\_\_\_\_

Email address \_\_\_\_\_

Any special diet requirement(s) \_\_\_\_\_

Total Amount Enclosed \_\_\_\_\_

Signed (parents / guardians) \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_