



# 2017 ST LOUIS OPEN FALL TOURNAMENT

**OCT. 14 – OCT 15**

**WHERE:** Arch Badminton Center 140 Long Rd. , Unit 110-A,  
Chesterfield, MO 63005

**CONTACT:** Wei Huang (636) 364-8668 (Office);  
Marshall Pan (314) 406-8651  
Info@ArchBadminton.com

**WHEN:** Saturday Oct. 14 – Sunday Oct. 15, 2017

**FORMAT:** ABCD Drop Flight: MS, WS, MD, WD, XD

**SCHEDULE OF PLAY: SCHEDULE SUBJECT TO CHANGE**

## **Saturday, Oct. 14**

8:30 AM	Registration
9:00 AM	Men's Doubles through semi- finals
12:00PM	Women's Doubles through semi- finals
1:00 PM	Mixed Doubles through semi - finals
4:00 PM	MS, WS through semi-finals

## **Sunday, Oct. 15**

9:30 AM All Event Semi Finals through Finals

**PRIZES:** **Cash prize** or Trophies for all flight winners and runners up.

**COST:** \$30 for first event and \$15 each additional  
\$10 late fee for all entries received after Oct. 7<sup>th</sup>

### **Payment:**

**Pay by PayPal:** Please send payment to sales@archbadminton.com

**MAIL ENTRY AND MAKE CHECK OUT TO:** Arch Badminton Center (address above)

**Or pay in person** with check or credit card in our front desk.

**DEADLINE: ENTRYS MUST BE RECEIVED BY Oct. 7<sup>th</sup> , 2017**



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## Registration Form

**Arch Badminton Center – 140 Long Rd., Unit 110A, Chesterfield, MO 63005**

Contact: Wei Huang 636-364-8668; Marshall Pan (314) 406-8651

Email: [Info@Archbadminton.com](mailto:Info@Archbadminton.com)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Male / Female (Circle)

Address \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home# \_\_\_\_\_ Cell# \_\_\_\_\_

Email \_\_\_\_\_

Event		Double-Play Partner
Men's Single		NA
Women's Single		NA
Men Doubles		
Women Doubles		
Mixed Doubles		

**Please make check payable to: Arch Badminton Center**

WAIVER: I, \_\_\_\_\_ acknowledge and agree by signing this release that I hereby waive any and all rights or claims that I may have against Arch Badminton Center and the 2017 St. Louis Fall Open, tournament officials, workers, and sponsors and/or agents. I also acknowledge that I read and understand Rules and Regulations (open the link) set by Arch Badminton Center.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Guardian/parent signature is needed if participant is under 18 years of age)