

2015 Chinese Festival

8th Annual Badminton Tournament

January 31, 2015 (9am – 7pm)

Organizers: Chinese Culture Link (CCL), Ohio Contemporary Chinese School (OCCS) and Ohio Sports and Arts Academy

Entry Fees: \$10 per person for each event
Place: Westerville Central High School
7118 Mount Royal Ave, Westerville, OH 43082
Events: Men's and Women's Doubles, Mixed Doubles
Entry Deadline: *January 23, 2015- Friday*
Awards: Trophies
Schedule: January 31, 2015
Registration - 9:00am
Women's Doubles (WD) - 9:30am
Men's Doubles (MD) - 10:30am
Mixed Doubles (XD) - 1:00pm

***** Please email me to confirm the entry before mailing the registration form and payment *****

Make check or money order to CCL. Entry fee must accompany entry form and mail to:

Derek Lee (P.O. Box 827, Hilliard, OH 43026)

Entry forms must be received (not post marked) by January 23, 2015

All events' entries will be first come first served. Entries in each event are limited to the follow: MD – 32 teams, WD – 16 teams and XD – 32 teams.

Shuttlecocks: Maximum of 3 shuttlecocks will be provided per match.

Rules: New scoring system (3x21 points) will be used for all matches. 3 minutes default and 2 minutes on court warm up rules will be enforced. Times are approximate.

Tournament Format: Each team will play a minimum of 2 matches (One match is equivalent to the best of 3 games).

For more information, please contact:

Derek Lee, ckdlee88@gmail.com or Zhenhe Wang, zhenhew@gmail.com

Entry Form

Chinese Festival Badminton Open 2015

Entry forms must be received (**not Postmarked**) by January 23, 2015

Please print:

Name: _____ Gender: M / F

Address: _____

Cell #: _____

Email: _____

Yes, I want to be included in CCL mailing list

Note: Each player needs to submit a separate entry form. A team is not consider registered until both players submit the entry form and paid.

Events:

Mens Doubles () Partner's Name _____

Indicate Skill Level: A B C or D Amount paid: _____

Womens Doubles () Partner's Name _____

Indicate Skill Level: A B C or D Amount paid: _____

Mixed Doubles () Partner's Name _____

Indicate Skill Level: A B C or D Amount paid: _____

Total paid: _____

(Please don't send cash)

Office use only

Form reviewed? Y N Date: _____

If not approved, email or call? Date: _____ Refunded? Y N

Comments: