

ODBA 2024 District Junior Badminton Championships

Location: Paul-Desmarais Secondary School, 5315 rue, Abbott St E, Stittsville ON K2S 0X3

Date: **Saturday**, May 18, 2024 8 am to 9 pm – U13 & U15 all events

Sunday, May 19, 2024 8 am to 9 pm – U17 & U19 all events

(Only allow maximum of 16 entries / event.)

U11 Singles can be added if there are more than 5 entries.

Cost: \$40 for one or two events. Add \$5 for the 3rd event. Only one age category per event.

(\$10 surcharge will be added to Non-affiliated club members.)

Registration: *Email this signup sheet & e-transfer \$40 to odbaweb@gmail.com*

And put your name & event in the message line of your transfer

Format: AB or Round Robin

Prizes: Medals, Draw Prizes

Registration Deadline: May 13, 2024 8 pm or the maximum number of entry received.

Notes: *** Entry only valid when the payment received. ***

First 100 entries with payment will receive a free t-shirt if size submitted before May 3.

All sizes available: Adult (Men or Women) sizes XS-4XL Youth S-XL

Sign-up sheet

First Name: _____

Last Name: _____

E-mail: _____

Phone: _____

Gender (F/M): _____

Date of Birth (YYMMDD): _____

Club Representation: _____ **T-shirt size:** _____

Category	Singles ✓	Doubles ✓	Doubles partner or REQUEST	Mixed Doubles ✓	Mixed partner or REQUEST
U11 (born 2014 or later)	<input type="radio"/>	NO EVENT		NO EVENT	
U13 (born 2012 or later)	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	
U15 (born 2010 or later)	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	
U17 (born 2008 or later)	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	
U19 (born 2006 or later)	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	

By signing, I give my consent, as the parent/guardian, for the named above, to participate in the 2024 Ottawa District Juniors Badminton Championships. I hereby consent to the use of personal images by photography or video recording on the ODBA website. I agree that the Tournament organizers may act as my agent to engage such medical care as may be required.

Parental/Guardian Signature: _____

Date: _____

Emergency Contact Name & Phone #: _____ () _____ - _____