

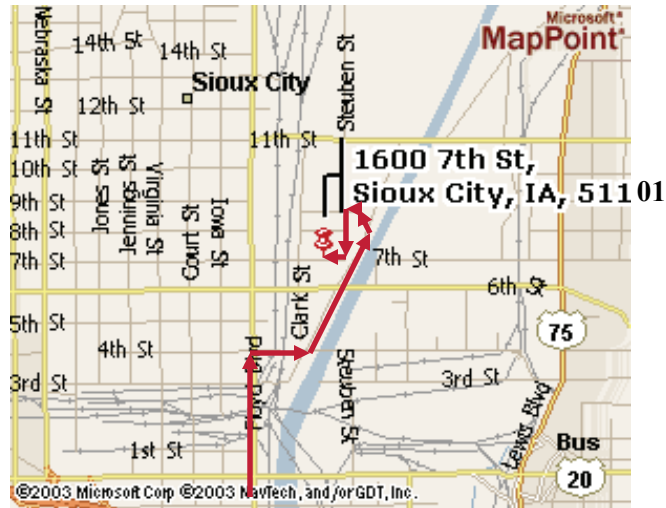


Entry Fees

- \$50 Open Singles**
- \$30 All other divisions**
- \$15 Second Event**

Make Checks Payable to and Send to:

**The Four Wall Brawl
4121 Central
Sioux City, IA 51108**



Driving Directions:

- take Floyd Blvd exit (either I 29 north or south bound)
- travel north on Floyd Blvd to 4th St
- take right on 4th St, pass over viaduct and take left hand turn on Hoeven (*first left hand turn after viaduct*)
- travel north on Hoeven to 9th St
- turn left on 9th to Steuben
- take left on Steuben south to 7th St, turn right to access Four Seasons parking area.
- (*Note 7th street is not a thru street, disregard online mapping services that suggest so*)

Hotel Accommodations:

- Quality Inn
1401 Zenith Dr
Sioux City, IA 51103
1-712-277-3211
1-866-242-7989

Mention the Four Wall Brawl racquetball tournament to receive the rate of \$49.99



1600 7th Street
Sioux City, IA 51101
Phone: 712-255-7659
Fax: 712-255-5942

**The Four Wall Brawl
4121 Central
Sioux City, IA 51108**

The Four Wall Brawl Racquetball Tournament



Entry Fees

\$50 Open Singles
\$30 First event all other divisions
\$15 Second Event

When February 22nd, 23rd, 24th 2008
Where Four Seasons Health Club
 1600 7th Street
 Sioux City, IA 51101



Entry Deadline February 15, 2008

Starting times Starting times will be posted by
8:00 am on Wednesday, the 20th
at www.geocities.com/fourwallbrawl/

Or

Call Matt Ard at 712-239-5655 after 7:00 pm
 for start times.

Note - Four Seasons does
 not have start time information

Prizes*

Men's Open†

1st Place \$600

2nd Place \$300

Consolation 1st \$100

Men's Open /Doubles

1st Place \$250

2nd Place \$100

Consolation 1st \$50

35+ Singles

1st place \$100

2nd place \$50

Consolation 1st \$25

***Men's Open and Men's
 Open/ Doubles payout sub-
 ject to draw, 16 players.**

- ♦ Party Friday & Saturday night at Rhonda's Speakeasy
- ♦ Lunch and dinner served Saturday
- ♦ T-Shirt for all contestants

Divisions:

Circle your choice (maximum 2)

Men's Singles

Open

A

B

C

D

35+

Women's Singles

A/B

C/D

Men's Doubles

Open

A

B/C

Women's Doubles

All Levels

Name _____

Address _____

City _____

State _____ Zip _____

Phone _____ (H) _____ (W) _____

Email _____

Doubles Partner _____

Mixed Doubles Partner _____

Waiver: I hereby acknowledge and agree for myself, my heirs, executors and administrators to waive and release any and all claims for damages I may have against the Four Seasons Health Club and the organizers of this tournament. **Eyewear with lenses required.** The tournament committee reserves the right to reclassify anyone or combine divisions. **Payment required with entry.** Open divisions use the "One Serve Rule".

Signature _____ Date _____

Received On:

Date _____ Amount _____ Receipt # _____

Detach Here