



ONTARIO HANDBALL ASSOCIATION  
2014 ONTARIO OPEN DOUBLES CHAMPIONSHIPS  
**Saturday, January 25th, 2014**  
Cedar Springs Health, Racquet and Sportclub  
Burlington, Ontario

- ENTRY FEES:**
- \$60.00 per player. \$25.00 per junior for junior events.
  - Players may enter one event only
  - Make cheques payable to Ontario Handball Association and mail entries to:

Nathan Body  
4325 Harvester Road, Unit 12  
Burlington, ONT  
L7L 5M4

*Entries must be received by Jan 20th 2014*

*Email: [nbody@peakpowersports.ca](mailto:nbody@peakpowersports.ca)*

- AWARDS:** - First and Second in each category
- RULES:** - Current USHA/OHA rules will apply. Eye guards are mandatory. Losers referee next match.
- HOSPITALITY:** - Afternoon lunch. Dinner Please RSVP at 7-8 p.m.  
- 6 viewing courts, souvenir, prizes, and more!
- BALL:** - Red 21, with Junior ball TBD
- DEADLINE:** - Jan 20th 2014
- START TIMES:** - Call Nathan at 905 681-7270 on Thursday between 6-8pm only. Start times will also be posted on the OHA facebook page
- PLAY STARTS:** - Saturday 09.00 a.m.
- ELEGIBILITY:** - Ontario residents must be O.H.A. members
- NOTE:** Last year it was our biggest tournament so we might have to play finals on Sunday if time does not allow for a Saturday Finish.

**HOTEL INFORMATION** Comfort Inn: 905-639-1700 (Across from Cedar Springs) Quote Cedar Springs when making reservations

**Directions to Club and Comfort Inn**

*Walkers Line cutoff on QEW ( exit 105 )*

*South Right at Harvester Road, Right at Cumberland Ave.*

**ONTARIO HANDBALL ASSOCIATION**  
**2014 ONTARIO OPEN SINGLES/DOUBLES CHAMPIONSHIPS**  
**Event Categories**

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**Doubles Events**

Open Doubles: \_\_\_\_\_ B Doubles: \_\_\_\_\_ C Doubles: \_\_\_\_\_ 40 + Doubles: \_\_\_\_\_  
50 + Doubles: \_\_\_\_\_ 60 + Doubles: \_\_\_\_\_ 70 + Doubles: \_\_\_\_\_  
Women's Open Doubles: \_\_\_\_\_ Junior TBD \_\_\_\_\_

If there are insufficient numbers in divisions, some may be combined.  
Consolation divisions may be combined under the discretion of tournament director.

*In consideration of this entry being accepted, I hereby for myself, waive and release any and all rights and claims for damage I may have against the organization holding this event as well as the facility which is hosting the same.*

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PHONE:** H: \_\_\_\_\_ B: \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**PARTNER:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ (parent or guardian if under 18)

***Cedar Springs Health, Racquet and Sportclub***  
***960 Cumberland Ave.***  
***Burlington, Ontario***  
***(905) 632 - 4800***