



*This is a USHA sanctioned event!!!*

**PLAYING SITE:** H.E.S. 718-241-3000 (9502 Seaview Avenue, Brooklyn NY 11236). The HES serves as the official indoor back-up site for the USHA National One-Wall Championships.

**DATES:** Sunday March 16th (Pro-doubles and Masters Invitational Handicap Doubles). Masters Invitational Handicap Doubles will begin at *730AM SHARP!!!* Check in for pro events will begin at *1130AM SHARP!!!* Artie Fuchs will determine who gets to participate in the Handicap Doubles.

**EQUIPMENT:** Handballs and handball gloves will be on sale. Support Handball by buying from the ICHA and USHA.

**TOURNAMENT BALL:** USHA handballs.

**ENTRY DEADLINE:** Payment in full must be received by Sunday March 9th.

**ENTRY FEES:** Men's and women's pro-doubles \$30 per player per event. "B" players get a \$10 discount. Invitational Doubles \$20 per player. Submit proof of current USHA membership to receive a \$5 discount. There will be a \$10 per player late fee for entries not paid in full by Sunday March 9<sup>th</sup>.

**MATCHES:** Length of matches will depend on the number of entrants but will probably be one 25 point game.

**PAYMENT:** Make checks payable to Artie Fuchs and mail to Artie Fuchs, 2514 Avenue X, Brooklyn NY 11235

**GUEST FEE:** Players and spectators, who are not HES members, will be required to pay a \$5 per day guest fee at the door.

**AWARDS:** Cash awards for Pro events will depend on number of entries. For handicap doubles \$400 in prize money (based upon 16 teams minimum) \$250 first place, \$150 second place.

**TOURNAMENT DIRECTOR:** Contact Artie Fuchs <[artief@ushandball.org](mailto:artief@ushandball.org)> 718-332-4251.

**RULES:** USHA One-Wall Rules will apply. **Losers of each match must referee or find a suitable replacement.**

**Anyone interested in volunteering or making a contribution should contact Artie!!!**

**\*\*\*\*\* EYEGUARDS ARE MANDATORY \*\*\*\*\***

PLAYER'S NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 HOME PHONE #: \_\_\_\_\_ WORK PHONE #: \_\_\_\_\_  
 HES MEMBER: \_\_\_\_\_ USHA MEMBER: \_\_\_\_\_  
 PARTNER'S  
 NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 HOME PHONE #: \_\_\_\_\_ WORK PHONE #: \_\_\_\_\_  
 HES MEMBER: \_\_\_\_\_ USHA MEMBER: \_\_\_\_\_

For a copy of this application visit:

[www.ushandball.org](http://www.ushandball.org), [www.icha.org](http://www.icha.org), [www.streetplay.com](http://www.streetplay.com) or [www.handballcity.com](http://www.handballcity.com)

