# HORSHAM MASTERS SQUASH TOURNAMENT

## 25th-27th JULY 2025

#### TO BE PLAYED AT:

Horsham Squash Club, 76 McPherson Street, Horsham 3400 Phone: (03) 5382 2943





#### TOURNAMENT DIRECTOR:

Darren O'Neill

Phone: 0418 362 909

Email: tournaments@vmsasquash.com.au





#### **NEXT TOURNAMENT:**

Australian Masters
Championships Perth, WA

5-13 September 2025

#### TOURNAMENT CONDITIONS AND INFORMATION

- 1. The Tournament will be a mixed graded event and will be conducted using triple plate or round robin draws depending on the number of entries received.

  Scoring will be PAR15 for all sections. All matches will be best of 5 games and every effort will be made to ensure that each entrant gets at least three matches.
- 2. All players must fulfil their obligations to other participants by competing in all matches set down for them.
- 3. The Tournament Committee reserves the right to accept, decline or re-grade any entries.
- 4. Notice of withdrawal and requests for refund must be made to the Tournament Director 7 days prior to the tournament start date. Any requests for refunds after this date are at the discretion of the Tournament Committee.
- 5. No claims whatsoever will be recognised should any player receive an injury whilst participating in the tournament.
- 6. First round matches will be available on our website www.vmsasquash.com.au from Wednesday 24th July 2025.
- 7. All players must report to the Tournament Control Desk at least 30 MINUTES BEFORE their next scheduled match.
- $8. \quad \text{All players are expected to be warmed up and ready to play as soon as the previous match is completed.} \\$
- 9. All players are expected to mark or referee the match immediately following their own, or as directed by the Tournament Control.
- ${\bf 10.}\ \ Trophy\ presentations\ will\ be\ at\ approximately\ 4:30pm\ Sunday\ followed\ by\ a\ complimentary\ supper.$
- 11. A social get together, including complimentary supper will be held at the Horsham Squash Club on Friday evening after the conclusion of the matches. **ALL WELCOME**
- 12. Snacks and refreshments will be available at the squash centre during the weekend.
- 13. A Dinner Dance will be held on Saturday 26th July 2025 at The Horsham Golf Club, 304 Golf Course Rd, Haven VIC 3401 from 7:30pm till 12:00am featuring a live band and a 2 course meal. Drinks at bar prices. Cost: \$60 per person. PLEASE INCLUDE PAYMENT WITH YOUR ENTRY.
- 14. A Courtesy Bus will be provided to the Dinner Dance. Cost: \$10 per person. PLEASE INCLUDE PAYMENT WITH YOUR ENTRY. You will be advised of the pickup times on Saturday. Any queries contact Michelle Rowles on 0407 838 572.
- 15. Accommodation: At your Discretion
- 16. Tournament Entry Fees are \$50 for Non-Members, \$40 for VMSA Financial Members and \$35 for VMSA Financial Members who have played 25+ tournaments. Please note playing in a VMSA Pennant Team does **NOT** automatically mean you are a financial member of the VMSA. Membership of the VMSA provides discounted entry fees to tournaments as well as many other benefits for just \$25 per year. Ask any of our Committee Members for details.

EARLY BIRD DISCOUNT APPLIES FOR ENTRIES LODGED ONLINE ONLY—EARLY BIRD CUT-OFF DATE IS 11th JULY 2025







### VMSA INDIVIDUAL TOURNAMENT - HORSHAM 2025 - ENTRY FORM

| EVENTS: E                                       | Events/Gradings will o                              | lepend on entries.                                      |                      |                                  |                  |             |  |
|---|---|---|----------------------|----------------------------------|------------------|-------------|--|
| Date of Birth:                                  |   | Gender:   |                      | Age a                            | t 25th JULY 20   | 25:         |  |
| Surname:  | e: Given Names:                                     |   |                      |                                  |                  |             |  |
| Address:  |   |   |                      |                                  |                  |             |  |
| Suburb: P/Co                                    |   | P/Code:   | de: Mobile Phone No: |                                  |                  |             |  |
| Email Address                                   | s:  |   |                      |                                  |                  |             |  |
| Emergency Co                                    | ontact Name:  |   |                      |                                  |                  |             |  |
| Relationship:                                   |   |   | Pho                  | ne No:                           |                  |             |  |
| IMPORTANT:                                      | Please fill in all the d                            | etails of your curre                                    | nt pennant tea       | am, grade and po                 | sition.          |             |  |
|   | Midweel   | s Sta   | ite                  | Country                          | Mas              | sters       |  |
| League  |   |   |                      |                                  |                  |             |  |
| Grade   |   |   |                      |                                  |                  |             |  |
| Position  |   |   |                      |                                  |                  |             |  |
| Club  |   |   |                      |                                  |                  |             |  |
| •   | cial member of the V<br>pennant is not auton        |   | – see conditio       | ns)                              | YES              | □ NO        |  |
| ARE YOU AVA                                     | ILABLE TO PLAY FF                                   | RIDAY NIGHT?  |                      |                                  | YES              | □ NO        |  |
| We need as mar                                  | ny players as possible                              | to play Friday nigh                                     | nt – matches s       | tart at 7.30pm                   | Time Available   | e:pm        |  |
| ENTRY FEES:                                     | Non-Members<br>VMSA Members<br>25+ Tournament playe |   | .00 (Financial M     | embers only)<br>al Members only) |                  |             |  |
| PLEASE COMPLE                                   | ETE:  |   |                      |                                  |                  |             |  |
|   |   |   |                      |                                  | Entry Fee: \$    |             |  |
|   | Dinner Dance:                                       | \$60 per person   | No. attending        | ][                               | Dinner Dance: \$ |             |  |
|   | Courtesy Bus:                                       | \$10 per person   | No. attending        | ]                                | Courtesy Bus: \$ |             |  |
|   | VMSA Membership:                                    | \$25 if due (check d                                    | ue date on webs      | ite) VMSA                        | A Membership: \$ |             |  |
|   |   |   |                      |                                  | TOTAL: \$        |             |  |
| Do you have ar                                  | ny dietary requiremen                               | ts for the Dinner D                                     | ance? Pleas          | se specify                       |                  |             |  |
| I agree to abide                                | e by all tournament co                              | onditions and decis                                     | ions of the To       | ournament Comm                   | nittee.          |             |  |
| Signed:   | ed: Date:   |   |                      |                                  |                  |             |  |
| S   |   | payment to Darren<br>nts@vmsasquash.<br>es close Thurse | com.au Plea          | ase do not send                  |                  | 163         |  |
| My preferred m                                  | ethod of payment is:                                |   |                      |                                  |                  |             |  |
| ☐ Visa ☐ N                                      | Mastercard Dire                                     | ct Debit BSB 63   | 33000 <b>A/C</b> 13  | 0422223 Refer                    | ence: < eg       | YOUR NAME > |  |
| Card Number:                                    |   | I   |                      |                                  | I                |             |  |
| Card Holder's                                   | Name (please print)                                 | :   |                      | _Expiry Date: _                  | (                | CVV:        |  |
| Signature (Card Holder Only):Payment Amount: \$ |   |   |                      |                                  |                  |             |  |