

**1st. African International Masters Squash Championship in Cairo -
Egypt**

28 January – 3February 2016

Registration Form

Family Name: _____ First Name: _____

Address: _____

City: _____ Country: _____ Post code: _____

Date of Birth(DD/MM/YYYY): ____/____/____ Nationality: _____

Telephone (Home): (____) _____ (Work): (____) _____

Fax No. : _____ Mobile/Cell Phone: _____

E-mail: _____

Achievements:

Please give a brief of your Squash achievements in the last 4 years

Your last seeding in your country _____

Entry Details

Singles event: Fee is 70 US\$ / player

+35 +40 +45 +50 +55 Event cost US\$

Doubles event: Fee is 50 US\$ / player

+45 Both players age must be over 80 years Event cost US\$

Doubles Partner's Name: _____

Opening Ceremony on 29/01/2016

Arrival Date / / 2016 on ----- Airline flight no.: ----- at:

Departure Date / / 2016

Egyptian Gulf Bank, Branch: Heliopolis Sporting Club

SWIFTCODE: EGGBEGCAPAY

Client: Egyptian Squash Association number 284629

17, Merghany st. Heliopolis Club

Signature: _____

Please fill in the application form and e mail it to:

egyptiansquashfederation@hotmail.com , arabsquash@yahoo.com , dinamorsi@yahoo.com , ,
hazemelz@tedata.net.eg

Egyptian Squash Federation Fax: +202-22624273