

# 2016 Chinese Festival

## 9th Annual Badminton Tournament

**January 30, 2016 (9am – 7pm)**

**Organizers:** Columbus Contemporary Chinese School (CCCS) and Chinese Culture Link (CCL), and Ohio Sports and Arts Academy

**Entry Fees:** \$12 per person for each event  
**Place:** Westerville Central High School  
7118 Mount Royal Ave, Westerville, OH 43082  
**Events:** Men's and Women's Doubles, Mixed Doubles  
**Entry Deadline:** *January 23, 2016-Saturday*  
**Awards:** Trophies  
**Schedule:** January 30, 2016  
Registration - 9:00am  
Women's Doubles (WD) - 9:30am  
Men's Doubles (MD) - 10:30am  
Mixed Doubles (XD) - 1:00pm

**\*\*\* Please email me to confirm the entry before mailing the registration form and payment \*\*\***

Make check or money order to CCL. Entry fee must accompany entry form and mail to:

Derek Lee ( P.O. Box 827, Hilliard, OH 43026 )

Entry forms must be received (not post marked) by January 23, 2016

All events' entries will be first come first served. Entries in each event are limited to the follow: MD – 32 teams, WD – 16 teams and XD – 32 teams.

Shuttlecocks: Maximum of 3 shuttlecocks will be provided per match.

Rules: New scoring system (3x21 points) will be used for all matches. 3 minutes default and 2 minutes on court warm up rules will be enforced. Times are approximate.

Tournament Format: Each team will play a minimum of 2 matches (One match is equivalent to the best of 3 games).

**For more information, please contact:**

Derek Lee, [ckdlee88@gmail.com](mailto:ckdlee88@gmail.com) or Zhenhe Wang, [zhenhew@gmail.com](mailto:zhenhew@gmail.com)

## Entry Form

### Chinese Festival Badminton Open 2016

Entry forms must be received (**not Postmarked**) by January 23, 2016

Please print:

Name: \_\_\_\_\_ Gender: M / F

Address: \_\_\_\_\_

Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

Yes, I want to be included in CCL mailing list

Note: Each player needs to submit a separate entry form. A team is not consider registered until both players submit the entry form and paid.

Events:

Mens Doubles ( ) Partner's Name \_\_\_\_\_

Indicate Skill Level: A B C or D Amount paid: \_\_\_\_\_

Womens Doubles ( ) Partner's Name \_\_\_\_\_

Indicate Skill Level: A B C or D Amount paid: \_\_\_\_\_

Mixed Doubles ( ) Partner's Name \_\_\_\_\_

Indicate Skill Level: A B C or D Amount paid: \_\_\_\_\_

Total paid: \_\_\_\_\_

*(Please don't send cash)*

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### Office use only

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Form reviewed? Y N Date: \_\_\_\_\_

If not approved, email or call? Date: \_\_\_\_\_ Refunded? Y N

Comments: