

**SUFFOLK BADMINTON ASSOCIATION**

**JUNIOR COUNTY CHAMPIONSHIPS**

**UNDER 14 YEARS**

**SUNDAY 22nd SEPTEMBER 2024**

**VENUE – Suffolk One, Scrivener Drive, Ipswich IP8 3SU**

The tournament is open to players who were born in, resident in or attend school in Suffolk, or by previously representing Suffolk at Junior Level. To qualify for U14, competitors must have been born in **2011** or later**.**

The preliminary rounds of all events will be played in groups. (Minimum group size of 4). The singles second round will be split into 2 knockouts with the top 2 finishing positions in the groups moving into the main draw and all remaining players moving into a consolation knockout draw. Players will have minimum 3 matches per event (entry numbers permitting).

A separate ENTRY FORM must be completed by each competitor and sent to :-

**Ben Williams, ,[mailto:](mailto:mjtee4@gmail.com)** [**ben.yonexcoach@gmail.com**](mailto:ben.yonexcoach@gmail.com)**, tel no 07826 852558**

***CLOSING DATE* : 14th SEPTEMBER 2024**

Payment can be made by: -

**On line** through Tournament Planner- [Suffolk Junior Restricted | BADMINTON England (tournamentsoftware.com)](https://be.tournamentsoftware.com/tournament/13945B3C-A537-4BF0-AC9A-CFB4C8C322EA)

**Cheque** (to ‘Suffolk Badminton Association’**)** or

**Bank Transfer** (Suffolk Badminton, Sort Code 20-98-07, a/c 70401668)

**NOTE: -**Players will be notified of the tournament details such as start times by email or telephone. Please ensure that a parents email address and telephone number is supplied for all players under 18 years of age.

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Please enter me for the following events for which I enclose my entry fees

**Under 14** **2024-25** Own Initials Partners Name Fee per player

OPEN SINGLES x x x x x x x x x £6

GIRLS SINGLES x x x x x x x x x £6

OPEN DOUBLES £5

GIRLS DOUBLES £5

MIXED DOUBLES £5

NAME . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Date of Birth . . . . . . . . . . . . . . . . . .

ADDRESS . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Telephone No . . . . . . . . . . . . . . . . .

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I attend . . . . . . . . . . . . . . . . . . . . . . School. I am a member of . . . . . .. . . . . . . . . Badminton Club

**Please indicate Payment by** Cheque Bank Transfer ON Line