

# Towers

HEALTH & RACQUETS CLUB

## Bedford Schools Individual Squash Tournament Entry Form

Thursday 19<sup>th</sup> March 2026

Years 5/6 4.15pm start

Years 7/8 5.15pm start

Years 9-11 6.15pm start

<b>Player Details</b>	
Full Name:	
School:	
Year Group:	
Date of Birth:	
Details of any health problems / allergies we should be aware of:	

<b>Parent/Guardian Details</b>	
Full Name:	
Email Address:	
Mobile Phone Number:	

<b>Additional Parent/Guardian Details (optional)</b>	
Full Name:	
Email Address:	
Mobile Phone Number:	

We kindly request a parent/guardian stays to watch the squash and supervise their children. If there are any difficulties with this, please do let us know.

We will be taking photos at the event, which may be used on social media or on our website.

Please tick this box and sign your name to confirm your consent for us to do so:

Signature .....

I have paid £6 to **Club Towers Ltd**, sort code **40-10-02**, account number **62815699** (at HSBC bank), quoting payment reference as **BSST -<Name of your child>**. Without the reference we will not know who to allocate payment to.

Please return this form to [steve.adams@clubtowers.com](mailto:steve.adams@clubtowers.com) by Monday 16th March 2026.

Please note: **To ensure we can complete the tournament in a sensible timeframe it might be necessary to limit numbers, so please do get your entries in early.** Players are not officially entered into the draw until payment has been made.

