

INDIAN RACQUETBALL ASSOCIATION

Recognized by: International Racquetball Federation & Asia Racquetball Federation

Ref. No. 2nd/N/02/2025-26

Date 17 .08.-2025

To

**President/Secretary/Coaches
State Racquetball Association**

2nd Senior National Racquetball Championship- 2025-26 (for both Men's & Women's)

**Conducted by : Force One Foundation & Racquetball Association
Gondia , Maharashtra**

Venue : SGP College, Gondia (Maharashtra)

Dated : 03/10/2025 to 05/10/2025

CIRCULAR

- 1. Each state Each Age Group shall send 16 members: 6 Men's, 1 Coach, and 1 Manager, and 6 Women's, 1 Coach, and 1 Manager. EXTRA PERSONS will not be permitted under any circumstances.**
- 2. only (One day before and one day after the Championship).
Each state shall bring their state Flag.**
- 3. Team Championship will be played on League/Knock-out
(Davis Cup Basis).**
- 4. The latest rules of the Indian Racquetball Association shall
be followed.**
- 5. All players shall play their matches with their state colours
and sports shoes. The uniform shall have chest numbers
from 1 to 6, but only with the state name.**
- 6. Register 5 players who must play in the team championship
in the Boy's and Girl's sections and one player from each for
Mixed Doubles.**

Each section of the team must consist of six players.



INDIAN RACQUETBALL ASSOCIATION ^{Regd.}

1. Last date for accepting online entries: 03.09.2025. Copy of entries may be sent to. Indian Racquetball Association, Near Bus Stand Sardulgarh 151507 (Pb) CELL:7888382093. E-Mail: indianracquetballassociation@gmail.com for other details and Copy to the undersigned.
2. Teams should reach the venue 03/05/205 the Championship Teams shall inform the organiser of their arrival details. You will Booking the ticket of railway station of Gondia
3. All players shall bring 4 recent Passport size photographs without photos Participation and Merit Certificates will not be issued.

Your Sincerely

Nand Singh Kouri
General Secretary
Indian Racquetball Association

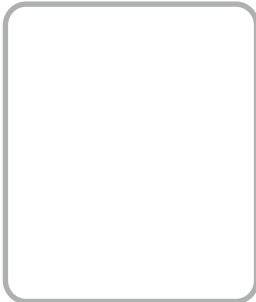
Copy to: President , Indian Racquetball Association

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Regd. INDIAN RACQUETBALL ASSOCIATION



Certificate of Eligibility

.Age GroupBoys/Girl's

1.	Name of the participant (In Block Letters)	
2.	Father's Name (In Block Letters)	
3.	Selection Based	
4.	Date of Birth (I) In Fig.	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
5.	Date of Birth (ii) In Words	
6.	Home Address	
7.	Phone/Mob. No.	
8.	Village/Club	
9.	Full Name Coach/Manager	
10.	Signature of the participant	

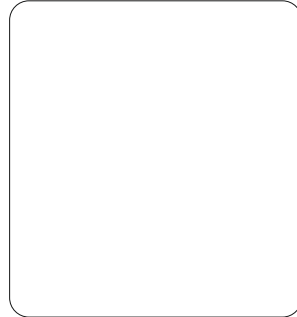
Signature of Competent Authority

Signature with seal
Manager/Coach
Post/Designation

For Office Use Only	Name of Checker.....	Sign. of Checker.....
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INDIAN RACQUETBALL ASSOCIATION ^{Regd.}



Championship N.O.C

My Name.....From.....

.....

I am going to 2nd Senior National Racquetball Championship - 2025-26 in **SGP College, Gondia (Maharashtra)** , Date **03/10/2025 to 05/10/2025** championship on my own expenditures and responsibility and the Association will not be liable for this.

Some Instruction under as.

*In journey Association will not be responsible for any loss. *In journey duration if may face some problems than I have to accept the solution options suggested by you. * If any disease , natural disaster or an accident will happen during the tour our Association will not responsible for this. *If I creates disturbance for any kind or found any messing any other means during the tour will be expelled from the tour.*I will follow all rules & regulation of Association *I state that the above statement is true to the best of my knowledge and be a belief .I am going to take Part in this Championship after getting Permission of my Parents/Coach/School on my own expenses and Risk

Player Name Sign.

Team Coach/Parents Sign.



Regd.

INDIAN RACQUETBALL ASSOCIATION

Team Form

Sr. No.	Name	Father's Name	Adhar Card No.	Signature
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

Coach Name.....

Contact No.....

Signature Team Manager

Signature Team Coach