

ABP Presents
ROAD TO NO ENDS
 24 Hour Epic Paintball Event
 February 6th & 7th, 2010

**The Knowing
 VS
 The Hidden**

Visit us on the web @ www.abpaintball.com Email: info@abpaintball.com
 Event Registration: \$55.00
 Pre Register rate 45.00 ends by Feb. 1st 2010

Sponsored by: **TIPPMANN**

Prize Package
 will Include

Tippman X7 Marker
Paintball Grenades
Paint

Gift Certificates
Accessories
Tactical Vest and More

150.00 in Cash Awards
for Individual Sportsmanship

DRAXXUS PAINTBALL

COSTS & FEES

Registration Information
 \$45 pre-registered. \$55 after February 1st
 PRE Register online @ abpaintball.com
 Free Event patch 1st 100 players registered
 Free Meal voucher 1st 50 players registered
 Free Event HPA/Co2 - limited to 1 tank per player

Paint (Field Paint Only!) DRAXXUS
 \$45 - Triumph
 \$55 - Blaze
 \$58 - Bronze

SCHEDULE

FRIDAY, FEBRUARY 5th
 The field house will be open on Friday from 9:00am until 8:00pm for early check in and camping arrivals.
 Pre Game Night Mission: 10 AM - Safety Brief 9pm
 1 hour, 1 mission, points only.
 11:00pm Friday Night Game Over - go to bed see you in the am.... KS

SATURDAY, FEBRUARY 6th
 7:30 am Registration & Chronograph Opens
 9:30 am Mandatory Safety Briefing
 11:00 am Game On!
 5:00pm Dinner
 8:00pm Game Resumes
 10:00pm Night Game Over

SUNDAY, FEBRUARY 7th
 7:30 am Chronograph Opens
 9:00 am Game On!
 1:00 pm Game Over
 1:30 pm Winners announced and prizes awarded

For information on: Registration / Waivers / Field Maps

Visit Website: <http://www.abpaintball.com>

" ROAD to No Ends" Rise of the Oracle Registration Form

FAX ORDER FORM FAX to: 843-399-2715

Event Date: Feb 5, 6th & 7th 2010

Please complete the follow form and fax in with your wavier

Wavier can be found at: <http://www.abpaintball.com/pdf/paintwaiver.pdf>

Wavier or Waivers: Must accompany Pre Registration Fax in order.

First Name: _____ Last Name: _____

Address: _____

City: _____ HOME PHONE : _____

State: _____ CELL PHONE: _____

Zip Code: _____ FAX PHONE: _____

Credit Card Information: Visa _____ MasterCard _____ AMX _____

Name on Card _____

Card Number: _____ Visa & MC ONLY

Verification Number _____ 3 digit # on back of card Visa & MC

Billing Zip Code: _____ Credit Card Billing Address: if different than above

Address: _____

City: _____ CC BILLING PHONE # : _____

State: _____ Zip Code: _____

Team Name: _____ HOW MANY PLAYERS: _____

Which Side do you want to play? _____

Wavier or Waivers: Must accompany Pre Registration Fax in order.

Items:

Game registration: QTY _____ 45.00 Pre Registration (Pre. Reg. ends Feb 1th)

55.00 Registration (Reg. Starting Feb 2nd)

Total Amount: _____ Charged to Credit Card

Signature: _____ Date: _____

[Http://www.abpaintball.com](http://www.abpaintball.com)

RETURN FAX to: 843-399-27145

Any question please email. info@abpaintball.com