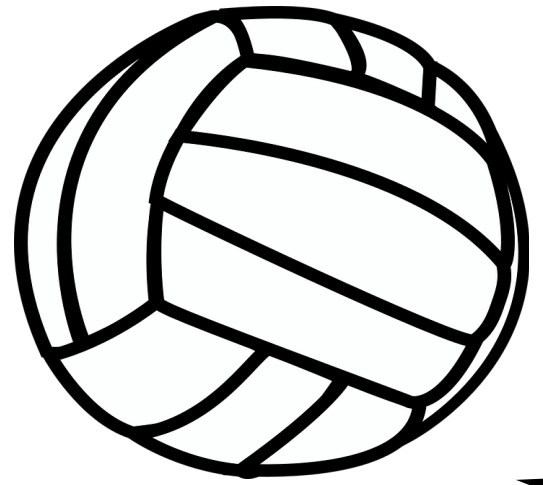


**Halloween
Co-Ed 6's**



Volleyball Tournament

Saturday, October 14th

Volley's Volleyball & Grill

11:00 Tournament, 10:00 Check In

Double Elimination Tournament

\$60 Per Team

Prize Money Awarded to Top 3

Teams & Team Best Dressed

PLEASE FILL OUT THE REVERSE SIDE & SUBMIT WITH PAYMENT



Halloween Co-Ed 6's Volleyball Tournament October 14th, 2017

CHECK- (MAKE OUT TO VOLLEY'S)

CASH

CREDIT CARD # _____

EXP: _____ BILLING ZIPCODE _____

ALL FEES ARE DUE WITH YOUR REGISTRATION FORM

MAXIMUM OF 8 PER TEAM

COST: \$60.00 (PER TEAM)

Team Name: _____

DEADLINE FOR SIGN-UPS IS FRIDAY, OCTOBER 13TH

VOLLEY'S VOLLEYBALL & GRILL WAIVER & RELEASE LIABILITY

The listed individuals must fill out the below information in order for a team to be eligible for tournament participation. They understand that Volley's Volleyball & Grill does not carry insurance to cover participants in the tournament. They further release Volley's Volleyball & Grill of any liability or responsibility due to injuries or losses received while participating in league, tournament & and/ or open play.

Captain Name: _____
Address: _____
City: _____ Zip Code _____
Primary # _____
E-mail _____
Signature: _____

Name: _____
Address: _____
City: _____ Zip Code _____
Primary # _____
E-mail _____
Signature: _____

Name: _____
Address: _____
City: _____ Zip Code _____
Primary # _____
E-mail _____
Signature: _____

Name: _____
Address: _____
City: _____ Zip Code _____
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City: _____ Zip Code _____
Primary # _____
E-mail _____
Signature: _____

Name: _____
Address: _____
City: _____ Zip Code _____
Primary # _____
E-mail _____
Signature: _____

Name: _____
Address: _____
City: _____ Zip Code _____
Primary # _____
E-mail _____
Signature: _____

