

Date Received: _____

Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date of Birth _____ Age _____ Team Name _____

Game Time Preference: Morning or Afternoon (Please Circle)

Signature

___ Fee Paid - \$30 per team ___ Waiver Signed

Attach Check Made Out To: West Racine Alliance (WRA)

Important Information

1. The first game will begin at 8:30 a.m. Each team will need 6 members; last minute substitutions must sign the waiver form and fill out application prior to playing. NO SIGNED WAIVER NO PLAY.
2. Each team is responsible to have read, understood and comply with the rules.
3. Each game will be 25 minutes including a 5 minute intermission between the first and second half.
4. Games are single elimination. There may be an opportunity to play again in a playoff on Sunday.
5. Applications, fees and signed waivers may be turned into: The Avenue Pet Shoppe, 3222 Washington Ave., Racine, WI. Between the hours of 10 a.m. and 6 p.m. Monday through Saturday.
6. NO APPLICATIONS WILL BE ACCEPTED WITHOUT A SIGNED WAIVER FOR EACH MEMBER AND THE \$30 TEAM FEE.

NO APPLICATION WILL BE ACCEPTED AFTER JULY 10th, 2018.

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