COED MUD VOLLEYBALL TEAM REGISTRATION FORM

TEAM NAME: _____

TEAM CAPTAIN: _____

Phone Number: _____

TEAM MEMBERS (MUST HAVE 5 BUT NO MORE THAN 8 and 16+ YEARS OLD)

Name and Age:

1. CAPTAIN----------

2._____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

*No substitutes.

TEAM FEE $150

PAYABLE BY CASH OR CHECK

Make checks payable to: HDDC Booster Club

No Refunds will be given.

All players must have a liability waiver signed. Minors must also have a parent/guardian sign their waiver.

CAPTAINS SIGNATURE:

_____ DATE: _____

I HAVE READ AND UNDERSTAND THE RULES AND I AM RESPONSIBLE TO MAKE SURE MY TEAM KNOWS THEM: _____