

ADULT CO-ED VOLLEYBALL CLASSIC – CLASS B – Saturday, July 12, 2008
REGISTRATION FORM (Adults ages 18 & over)

WAIVER: With my signature, I hereby release and hold harmless the sponsors, promoters and all other persons or entities associated with this event from any and all injury or damage for any claims or cause of actions whatsoever for any loss or injury suffered by me, further, I hereby grant full permission to any and all of the foregoing to use any photography, video tapes, motion pictures, recordings, or other records of this event. I have read and fully understand the foregoing, and certify and represent that information provided by me in the entry is true.

PLEASE PRINT

CAPTAIN

Name _____
Address _____
City _____ Zip _____
Phone _____
Business Phone _____
Signature _____

PLAYER 5

Name _____
Address _____
City _____ Zip _____
Phone _____
Business Phone _____
Signature _____

PLAYER 2

Name _____
Address _____
City _____ Zip _____
Phone _____
Business Phone _____
Signature _____

PLAYER 6

Name _____
Address _____
City _____ Zip _____
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Business Phone _____
Signature _____

PLAYER 3

Name _____
Address _____
City _____ Zip _____
Phone _____
Business Phone _____
Signature _____

PLAYER 7

Name _____
Address _____
City _____ Zip _____
Phone _____
Business Phone _____
Signature _____

PLAYER 4

Name _____
Address _____
City _____ Zip _____
Phone _____
Business Phone _____
Signature _____

PLAYER 8

Name _____
Address _____
City _____ Zip _____
Phone _____
Business Phone _____
Signature _____

Please fill in the number of t-shirts needed for each size listed: L _____ XL _____ XXL _____

Make checks payable to: City of Trenton and return with completed form by June 27, 2008. Mail to: City of Trenton
3101 West Road
Trenton, MI 48183