

Saturday, September 17th

(some games may be played on Fri. Sept. 16)

Chasing the Cure

4 on 4 COED VOLLEYBALL

Player Participation Roster

Fee: \$20.00 per person

Division: (circle one)

UPPER

LOWER



Entry Deadline: Sat. Sept. 10



Is your team avail. to play on Fri. if needed? Y N

**FEES MUST BE PAID BEFORE A PLAYER IS ELIGIBLE TO COMPETE IN THIS EVENT.
ANY PLAYER FOUND PLAYING UNDER AN ASSUMED NAME OR ADDRESS SHALL BE SUSPENDED IMMEDIATELY.**

Team Name _____

Managers Name _____ Address _____ Phone Number _____

We, the undersigned, hereby agree to play for the above team during the 2011 event as provided by local league rules.
In consideration of this roster being accepted, each of us individually release any and all claims for damages we may have against Chasing the Cure, the City of Sturgis, Doyle Community Center, and it's employees for injury suffered by each of us during the life of this roster.

	Player's Name	Address	Phone Number	Date of Birth	Player's Signature	\$20 per person
1						
2						
3						
4						
5						
6						

Roster will NOT be accepted without FULL payment!

Total Amount Due:

Return to: Chasing the Cure Volleyball - 310 N. Franks Ave. - Sturgis, MI - 49091

Office Use:

Questions? Please call Mike Liston at (269)659-8110 or Leanne Barnell at (269)816-4994

Date Paid: _____ Int. _____