

Mud Volleyball Registration
Coed Recreational
Old Settlers 2008
www.OldSettlers.HalsteadKansas.com

Team Captain _____

Phone Number _____ Email _____

Address _____ Cell _____

City _____ State _____ Zip _____

Team Name _____

2nd Choice Team Name _____

Amount Enclosed (\$100 per team): _____

As team captain I understand that I am responsible for communicating all Rules of Play & Guidelines to my team. I assure that all team members will follow the rules as stated. My team will be ready for play when they are assigned. I will check my team in at the registration table once everyone is assembled.

Tournament play may be postponed or canceled in case of severe weather, but rain will not stop play. I understand that the team registration fee is non-refundable for any reason. Since this is a fundraiser for the high school volleyball team, No refunds will be given for any reason including if the officials postpone or cancel play.

Team Captain Signature _____ Date _____

Official Use Only

<input type="checkbox"/> Payment	Type:	Check #	Cash
<input type="checkbox"/> Roster	Amount \$		
<input type="checkbox"/> Release Forms		<input type="checkbox"/> Court Assignment	

Make Checks Payable to: Deb Phillips - Halstead High School Volleyball

Mail to: Deb Phillips 321 College Halstead, Kansas