



# 2019 REVERSE QUADS FUNDRAISING TOURNAMENT

Hosted by UW-La Crosse Volleyball

May 4<sup>th</sup>

Registration starts at 8AM

OPEN TO ALL AGES

COST PER TEAM: \$40 early registration

\$50 after May 1<sup>st</sup>

## GENERAL INFORMATION

- Sign-up as a group of co-ed 4's (2 male & 2 female)
- Be sure to check out our facebook event page for updates!
- There will be an apparel sale, concessions, and more! All money donated will directly benefit Eagle Volleyball student-athletes
- The first 12 teams to register are guaranteed a spot. Teams registering after the 12 will be put on a waiting list.
- TOP TEAM will receive a prize basket

## RULES

- If signing up without a team you will be placed with one if others sign up individually. We cannot assure you that you will have a team.
- Men hit from back row ONLY. No exceptions, sorry.
- Women hit from anywhere!
- Format, specific rules, etc. will be announced as tournament date approaches.

Visit [uwlcamps.com](http://uwlcamps.com) for online registration, printable registration, and more information!

# 2019 Reverse Quads Fundraising Tournament

Registration Form

May 4<sup>th</sup>, 2019

Cost per team: \$40 early registration  
\$50 after May 1<sup>st</sup>



Please print clearly. We cannot process incomplete registrations. All information requested must be provided.

Team Name: \_\_\_\_\_

Participants:

\_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email (necessary for confirmation and camp communication): \_\_\_\_\_

Special needs for participant(s): \_\_\_\_\_

Email (necessary for confirmation and camp communication): \_\_\_\_\_

Special needs for participant(s): \_\_\_\_\_

Amount Enclosed: \$ \_\_\_\_\_

Check enclosed, made payable to: **UW-La Crosse**

Return form to:  
UW-La Crosse Athletic Camps & Clinics  
25A Mitchell Hall  
1725 State St.  
La Crosse, WI 54601

**WAIVER:** Registration implies permission for photos, publicity and inclusion in a participant list unless camp director is notified in writing prior to camp. By signing this form, I agree to hold harmless and indemnify UW-La Crosse, their officers, agents, and employees from any and all liability, loss, damages, costs, or expenses which are sustained, incurred, or required arising out of the actions of my dependent in the course of the camp. I authorize that any medical, surgical, diagnostic and hospital procedures may be performed by a physician on my dependent if I cannot be reached in the event of an emergency.

Parent/ Captain Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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