



2019 SPIKEBALL FUNDRAISING TOURNAMENT

Hosted by UW-La Crosse Volleyball

May 11th

Registration starts at 8AM

OPEN TO ALL AGES

COST PER TEAM: \$20 early registration

\$25 after May 1st

GENERAL INFORMATION

- Sign-up as a pair
- Choose one of two divisions:
 - Division A: Serious Competitors: For the more experienced spikeball players
 - Division B: Recreational Competitors: For the fun and excitement or less experienced players
- Eagle Volleyball Gear will be on sale during the tournament.! All money donated will directly benefit Eagle Volleyball student-athletes
- There is no limit on amount of teams registering
- The top team in Division A and B will earn a prize

RULES

- If signing up without a teammate you will be placed with one if another person signs up individually. We cannot assure you that you will have a partner.
- Format, specific rules, etc. will be announced as tournament date approaches.

Visit uwlcamps.com for online registration, printable registration, and more information!

2019 Spikeball Fundraising Tournament

Registration Form

May 11th, 2019

Cost per team: \$20 early registration
\$25 after May 1st



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: _____

Visit uwlcamps.com for online registration and more information!