

3 V 3 CHALLENGE TOUR 2009/2010

Brevard Schools Foundation Take Stock in Children 3v3 APPLICATION Melbourne FL USA Feb 6, 2010
(early entry deadline Jan. 28)

Team Name: _____ Club (if applicable): _____

check one: MALE/COED[] FEMALE[] check one: REC[] COMP[]

AGE GROUP (U6___) (U7___) (U8___) (U9___) (U10___) (U11___) (U12___) (U13___) (U14___) (U15___) (U16___) (U17___) (U18___)
[] ADULT OPEN [] OVER 30 [] ADULT COED

Coach Name _____ Contact Name (must have) _____
Coach Address _____ Contact Address _____
City _____ State ___ Zip _____ City _____ State ___ Zip _____
Coach Email _____ Contact Email (must have) _____
Coach Phone _____ Contact Phone _____

CAPTAIN Birthdate MM / DD / YYYY male[] female[] **PLAYER 2** Birthdate MM / DD / YYYY male[] female[]

Name	Name
Address	Address
City/State/Zip	City/State/Zip
T-Shirt Size YM YL AS AM AL AXL	T-Shirt Size YM YL AS AM AL AXL
SIGNATURE Player or Parent/Guardian (if player is under 18)	

PLAYER 3 Birthdate MM / DD / YYYY male[] female[] **PLAYER 4** Birthdate MM / DD / YYYY male[] female[]

Name	Name
Address	Address
City/State/Zip	City/State/Zip
T-Shirt Size YM YL AS AM AL AXL	T-Shirt Size YM YL AS AM AL AXL
SIGNATURE Player or Parent/Guardian (if player is under 18)	

PLAYER 5 Birthdate MM / DD / YYYY male[] female[] **PLAYER 6** Birthdate MM / DD / YYYY male[] female[]

Name	Name
Address	Address
City/State/Zip	City/State/Zip
T-Shirt Size YM YL AS AM AL AXL	T-Shirt Size YM YL AS AM AL AXL
SIGNATURE Player or Parent/Guardian (if player is under 18)	

\$195 non refundable entry fee (\$165 before Jan. 28) must accompany your application form. Make check or money order payable to: "Brevard Schools Foundation". Mail to: **Challenge Sports, attn: Brevard Schools 3v3, 2440 Michigan St., Melbourne, FL 32904**

For Credit Card Payment (fax to (321) 951-7475) please check one
 MasterCard Visa American Express
 Card # _____ Exp Date _____
 Print Name: _____
 Address: _____
 City: _____ State: _____ zip: _____
 Email Address: _____
 Signature: _____

Acceptance of Sportsmanship, Responsibility, and Waiver: Every player (or parent /guardian if the player is under the age of 18) must sign this form. Signatures on this form signify that each person has read, understands and will abide by this information. There are risks associated with participation in this tournament and its related activities. I release and discharge Florida Challenge Sports Events Inc., Event Sponsors, Event Charities (collectively known as event organizers) and the workers, employees and Directors from all action, suits and demands whatsoever in law or in equity, including but not limited to, the risk of personal injury or death from playing in the tournament and the risk of loss of personal property by theft or otherwise. I acknowledge that medical insurance is not provided. The event organizers are not responsible for any effect participation may have on player eligibility for other sports activities. I hereby grant permission for event organizers to record any or all of my participation in this event for photos, videos, motion pictures, TV, radio and other media, and to use them, no matter by whom taken, in any matter for publicity, promotions, advertising, trade or commercial purposes without need for any reimbursement or fee paid to me.