3 V 3 CHALLENGE TOUR 2010/2011

Lake County APPLICATION * Tavares FL USA * July 9/10, 2011

(early entry deadline Thursday June 30)

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 COMP [ ] ADULT OPEN REC [ ] OVER 30 [ ] ADULT COED

* Required

*Coach Name_____ *Contact Name _____

Coach Address_____ *Contact Address_____

City_____ State___ Zip_____ *City_____ State____ Zip_____

*Coach Email _____ *Contact Email _____

*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 S M L XL	T-Shirt Size	YM YL AS AM AL AXL
	SIGNATURE Player or Parent/Guardian (if player is under 18)		**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)		**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)		**SIGNATURE** Player or Parent/Guardian (if player is under 18)

$195 non refundable entry fee ($165 on or before June 30) must accompany your application form. Make check or money order payable to: "CHALLENGE SPORTS". Mail to: Challenge Sports, attn Lake County 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.