

3 V 3 CHALLENGE TOUR 2008/2009

Leesburg 3v3 application Leesburg, FL USA March 28/29, 2009
(early entry deadline March 19)

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 _____

Coach t-shirt - SIZE (circle) AS AM AL AXL (special for this Inaugural event - free t-shirt for coach)

CAPTAIN	PLAYER 2
Birthdate MM/DD/YYYY male[] female[]	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	PLAYER 4
Birthdate MM/DD/YYYY male[] female[]	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	PLAYER 6
Birthdate MM/DD/YYYY male[] female[]	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)

\$185 non refundable entry fee (\$155 on or before March 19) must accompany your application form. Make check or money order payable to: CHALLENGE SPORTS. Mail to: Challenge Sports, attn Leesburg 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.