

3 V 3 CHALLENGE TOUR 2009/2010

Venice Shark Tooth 3v3 APPLICATION Venice FL USA April 10/11, 2010

(early entry deadline April 1)

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_)

ADULTS: [] ADULT OPEN [] ADULT 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	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 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 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)

\$195 non refundable entry fee (\$30 discount on or before April 1) must accompany your application form. Make check or money order payable to: "CHALLENGE SPORTS. Mail to: Challenge Sports, attn Venice Shark Tooth 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.