

2010 Mud Volleyball Tournament Team Registration Form

Please Check the Tournament Date:

Saturday, July 10th (212000-01)

Sunday, July 11th (212000-02)

Shirt Sizes 12 per team

_____ Small _____ Large _____ 2XL

_____ Medium _____ X-Large

Please be accurate with sizes this is your T-shirt order.

Pick up will be at registration check in.

Team Information:

Team Name _____

Contact _____

Street Address _____

City _____ State _____ Zip _____

Phone Number (____) _____ - _____ Fax (____) _____ - _____

E-mail address _____

Payment Information:

The tournament fee is \$159.00, and must accompany your application. Entry fees are **non-refundable** once your team has been accepted into the tournament.

Check No. _____ Amount: \$ _____

Payable to: West Chicago Park District

Credit Card Type (circle one): Visa Mastercard American Express

Card# _____ Exp. ____/____
mo. yr.

Cardholders Name (please print) _____

Signature _____

Return this form and payment to: West Chicago Park District
Attn: Mud Volleyball Tournament
157 W. Washington Street
West Chicago, IL 60185

If paying by credit card, registration may be sent by fax to (630) 231-2352, or by e-mail to arosalez@we-goparks.org