



TOURNAMENT REGISTRATION FORM

March 20th, 21st and 22nd – 2020

Make Checks to: PENDER BOOSTER > (\$125.00 for ten players) (5.00 each player over 10)

MAIL TO: RON WILLIAMS

Home - 402-385-3326

809 CARNES

Cell – 712-251-3293

Pender, NE 68047

Email addresses: ybmomchargers@yahoo.com OR ron1724.rti@gmail.com

Circle gender and grade: Girls / Boys 7 8 9 10

Team Strength: WEAK < 5 4 3 2 1 > Strong

Coach: _____ Assistant Coach: _____

Mailing Address: _____ City: _____ Zip: _____

Email Address: _____ (please provide)

Phone#(s): _____ Cell Number: _____

Team Name: _____ Uniform Color(s): _____

Note: Players can only be on one roster in the same division

NO CHANGES TO ROSTER AFTER THE START OF THE 1st game of the TOURNAMENT – no exceptions

	Player Name	Player #
1.	_____	# _____
2.	_____	# _____
3.	_____	# _____
4.	_____	# _____
5.	_____	# _____
6.	_____	# _____
7.	_____	# _____
8.	_____	# _____
9.	_____	# _____
10.	_____	# _____

By signing, I and the parents of the players hereby waive and release the Pender Public School and tournament officials from any and all liability for injuries, illnesses or lost items incurred at the tournament. As the coach I represent all assistant coaches, players, parents. Also agrees to the following: If a team drops out of the tournament or due to a weather cancellation of the event after the registration has been received a cancellation fee will be retained in order to cover basic costs.

Coach Signature: _____ Date: _____