Team Registration Form
9-on-9 Beer in Hand Co-Ed Volleyball Tournament

Team Name_____
Team Captain_____
Address:_____
Phone: _____Alternate Phone:_____
E-mail Address_____

Team Players

Name	T-Shirt Size

All players must be 21

Minimum of 6 on the court, Maximum of 9 on court, maximum of 12 on roster, see rules for additional info

Registration Fee **Must be paid at time of registration and includes: game play, beer during game play while on court, buffet lunch, & t-shirt** We are accepting cash or checks made payable to Deacon Kallish for payment**Please do NOT mail cash**Sorry no credit cards will be accepted**

****REGISTRATION DEADLINE IS July 23rd, OPEN TO FIRST 16 PAID TEAMS****

Number on Roster ____ x $25.00 = _____ amount enclosed

Return form with payment to:
Deacon Kallish
2100 N. Rt. 12, Wauconda, IL 60084 (847)526-4000