

**CVYFCA DODGEBALL TOURNAMENT
TEAM FORM
Saturday, May 12th, 2018**

Team Representative – please complete the information and roster below. Scan your completed form and email to: CVYFCA@gmail.com. On the day of our event, check-in at the Registration table with Registration Fees and **ALL** Signed Waivers. Please understand, all minors **MUST** provide a signed waiver in order to participate. – **Registration Fee is \$10 per player.** --

Adult Representative's Name

Adult Representative's Cell Phone Number (during the tournament)

Team Name

Participant 1 Age

Participant 2 Age

Participant 3 Age

Participant 4 Age

Participant 5 Age

Participant 6 Age

Participant 7 Age

Participant 8 Age

Thank you for supporting CVYFCA!!!

Official Use:

_____ Waivers Received

_____ All Registration Fees

_____ Registration Packet Delivered