

CSAC CO-ED VOLLEYBALL BASH REGISTRATION

Registration must be signed and returned to:
(Send only check or money order payable to CSAC.)

E-mail address: andrea7682@yahoo.com



CSAC Volleyball
317 Southampton.
St. Louis, MO 63125 - Phone: 314-603-0773
Registration deadline is July 3, 2010

CSAC Volleyball Bash at
The Elk's Club
12481 Ladue
St. Louis, MO 63141
One Night Volleyball Tournament from 4-10 PM on Saturday; July 10, 2010
Recreational League - Adult-Coed-Sixes

Please fill out the following information:

Name: _____ E-mail Address: _____

Home Phone: _____ Cell Phone: _____ Birthday: ____/____/____

Please circle your volleyball skill level:

1. Beginner 2. Begin/Intermed 3. Intermediate 4. Intermed/Advan 5. Advanced

Please list players (if any) who will be on your team (please have at least three females):

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

Registration dues are \$20 per person or \$120 for a team of six (You can have up to eight players on your team at \$20 additional cost per person). Please include a check or money order payable to the "CSAC" with this application to the address listed on top of this sheet. Registration deadline is July 3, 2010

In consideration of acceptance in this league, I hereby waive and release all rights and claims against the CSAC of St. Louis, its agents or representatives, for any and all injuries suffered as a result of participation in any games, tournaments, or special events sponsored by said organization, its agents or representatives. I attest that the information provided above is complete and accurate to the best of my knowledge.

Signature: _____ Date: _____