

LAZY CHAMELEON VOLLEYBALL REGISTRATION

FORM SESSION _____

TEAM NAME	LAZY USE ONLY
CAPTAIN NAME	CASH OR CREDIT CARD
CAPTAIN PHONE	AMOUNT PAID
CAPTAIN EMAIL	\$10 CREDIT CARD FEE Y/N

NAME	EMAIL
1.	
2.	
3.	
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BY SUBMITTING THIS FORM ALL TEAM MEMBERS HAVE REVIEWED AND SIGNED THE DISCLAIMER AND LIABILITY FORM. Fees are 195.00. 8 total weeks – with 8th week being tournament.

SUMMER SESSION I

DAY	TEAM LEAGUE	START DATE
TUESDAY	CO ED 6	APRIL 28
WEDNESDAY	CO ED 4	APRIL 29
THURSDAY	CO ED 6 COMPETITIVE	APRIL 30
SUNDAY	CO ED 6 FUN	MAY 1

www.lazychameleon.com

