

Amanda Hoeh Janzen Benefit Volleyball Tournament

Saturday, January 3rd—Women's

Sunday, January 4th—Coed

Registration Form

Team Name: _____

Team Captain: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email: _____

**ALL PLAYERS MUST SIGN THE WAIVER AND RELEASE OF LIABILITY
BEFORE PLAYING.**

Team Members: _____

Registration Fee: \$20.00 per player

Additional Items to purchase:

T-Shirt: \$15.00 # of shirts: _____ Shirt Sizes: _____

Decals: \$8.00 # of decals: _____

Total \$ included: \$ _____

Make Checks to Amanda Janzen Benefit Account

Registration deadline Monday, December 22, 2014

Please mail registration form and money to Tara Richards at 4900 W. Water Well Rd.,
Salina, KS 67401.

Schedules will be made available as soon as possible after the registration deadline.

