

Snow Volleyball Tournament

Saturday February 6, 2010

Team Name: _____ Address: _____

Team Captain: _____ City: _____ Zip: _____

Home Phone: _____ Cell/Work: _____

Please enter my team in the Snow Volleyball Tournament 2009!

4-6 people per team \$20.00 per team

REGISTRATION DEADLINE IS JANUARY 29 at 12:00pm

Make Checks Payable to: Downtown Ludington Board

Register via mail or at City Hall • 400 S Harrison Street • 845-6237

AT LEAST 1 WOMAN MUST BE ON THE COURT AT ALL TIMES

ROSTER

PLEASE PRINT

TEAM NAME: _____

Players Name	Address	Phone
1.) _____	_____	_____
2.) _____	_____	_____
3.) _____	_____	_____
4.) _____	_____	_____
5.) _____	_____	_____
6.) _____	_____	_____

• 4 players on the court at all times

A confirmation and rules will be mailed to you upon receipt of your registration.

FOR OFFICE USE ONLY: PAYMENT RECEIVED _____ CHECK _____ CASH _____