

**W-C Alumni Volleyball
Triples Tournament
Saturday, February 10, 2018
8:00am-12:30pm**

- It's recommended to enter as a team of three/four. If you do not have a team and send in your registration I will do my best to find you a team but may not be able to and your registration fee will be returned.
- If you are unable to attend after your team has registered, it is your responsibility to find a replacement or your team may play with two people. (If you're short, call, and I may have someone who does not have a team to play on.)
- Late entries will not be guaranteed a t-shirt and may have their entry fees refunded.
- Play will begin at 8:00am. Doors will open at 7:30am.
- Pool play will be timed games – time will be based on number of teams.
- Tournament play will be determined after we have all teams registered.
- WIAA Rules....net serves, rally scoring, and 1st hit double contact.
- No letter of confirmation will be sent.
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- *Make checks payable to W-C Volleyball.*
- **Registration Deadline is January 19, 2018.**

Name: _____ Maiden Name: _____

Graduation year: _____ Email: _____ Cell/Home Phone: _____

**** *Shirt size: S M L XL XXL - please* ****

Please check one:

- Full competition in Tournament (entry \$20.00)
 Spectator Only (with alumni t-shirt: entry \$15.00)

List Team Members: (including yourself) 1. _____ 2. _____
3. _____ 4. _____

Please read before you sign.

Signature on this form verifies that I have read, understand, and will abide by this information. I realize that there is potential risk involved with my participation in this tournament and its associated activities. I agree to release and discharge the W-C School District, the Wonewoc-Center alumni tournament organizers, or volunteers from all action, suits, and demands whatsoever in law or equity. Before participating, I will inspect the facility and notify the sponsors of any potential problems or areas of danger that may be present. I also grant full permission for the organizers to record my participation in this event and use any photograph for publicity without reimbursement.

Signature: _____ Date: _____

**Mail to: Rita Tracy cell# 608-963-0364
E2228 Pine Cone Lane LaValle, WI 53941**