

WONEWOC CENTER GIRLS BASKETBALL
ALUMNI Game
SATURDAY, FEBRUARY 9, 2019

REGISTRATION FORM

Name: _____

Address: _____

CITY: _____ STATE _____ ZIP _____

EMAIL ADDRESS: _____

PHONE: _____ GRADUATION YEAR _____

T-SHIRT SIZE: S _____ M _____ L _____ XL _____ XXL _____

Competition and T-shirt will be \$15. The deadline for entry will be Jan. 23. Any remaining funds left after T-shirt costs and donations for water and such for the refs, will be donated to the Girls Basketball team for any equipment or supplies they may need to better the program. The game will be in the afternoon after the Alumni Volleyball Tournament is over, so you can do both.

Please read and sign:

Signature on this form verifies that I have read, understand, and will abide by all 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 w-c 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 problem areas that may be present. I also grant full permission for the organizers to record my participation in this event and use any photographs for publicity without reimbursement.

Signature: _____ Date: _____

Mail to:
Kelly Nielsen
W7633 Hess Rd.
Mauston, WI 53948
Phone: 608-547-7581