



Sign Me Up For Some Mud Slinging Fun!

Saturday August 20, 2011

Team Name: _____

Divisions....Pick the one that best describes your team.

- _____ **Competitive Division** "Top Hog" - We play on a regular basis and compete at the highest level!
- _____ **Top Recreational Division** "Reasonably Capable" - We play often and enjoy competing!
- _____ **Average Recreational Division** "Weekend Warrior" - We practice a few times but want to have a good time!
- _____ **Just for Fun Recreational Division** "Mud Slingers" - We just want to have a good time!

Team Captain Name: _____ E-mail _____

Number of Team Members: _____ (Teams may only have 6-10 players and 2 female players on the court at all times!)

Company/Organization Name: _____

Address: _____

Address 2: _____

City _____ State _____ Zip _____

Phone _____ Fax _____

BEFORE AUGUST 1, 2011

Club Mudd + Registration - \$1,950
My Team wants to go straight to Club Mud!
We are registering a team and paying the Club Mud fee for **\$1950**

Registration Only - \$450
My company is ready to get muddy, buddy!
We are registering a team for **\$450**.
(\$1500 additional funds raised by team/company gets team into Club Mud!)

AFTER AUGUST 1, 2011

Club Mudd + Registration - \$2,000
My company is a little piggy who forgot to check the calendar.
We are sponsoring a team for **\$500**
(\$1500 additional funds raised by team/company gets team into Club Mud!)

Registration Only - \$500
My company is ready to get muddy, buddy but we forgot to check the calendar.
We are registering a team for **\$500**.
(\$1500 additional funds raised by team/company gets team into Club Mud!)

First come, first serve!
Sign up now to save your team's spot in the mud!

Date: August 20, 2011
at Lee Vista Center
at 7:00AM – 5:00PM

DON'T FORGET: Teams may only have 6-10 players and 2 female players on the court at all times!. Rules will be piggy enforced!

Questions? Call our office at
(407) 599-5077
or email us at
HRichmond@marchofdimes.com

PLEASE MAKE ALL CHECKS PAYABLE TO THE MARCH OF DIMES OR YOU CAN USE YOUR PLASTIC!

Visa/Master Card (circle one) _____ 3 Digit Code _____

American Express _____ 4 Digit Code _____

Name as printed on card _____ Expiration Date _____

Please return by fax to (407) 599 – 5870 or mail to: March of Dimes Mudd Volleyball Challenge
341 North Maitland Avenue, Suite 115 Maitland, Florida 32751-4761

Company (if applicable): _____

Team Captain Name: _____

Team Captain Signature: _____

Team name: _____

Day Phone: _____

Date: _____

In consideration THE MARCH OF DIMES, LEE VISTA and any other parties involved in the planning and/or implementation of MUDD VOLLEYBALL for granting me permission to participate in the MUDD VOLLEYBALL tournament on August 20, 2011, I waive all claims for damage or loss to my person or property which may be caused by the aforementioned parties, all their officers, vendors and all media partners, distributors, agents, employees, heirs or legal representatives. Further, I hereby agree not to assert myself against the same parties in any court of law, and do release same parties from all liability, claims, demands, costs, charges and expenses incident to any possible damage or personal injuries that I now have in the future, known or unknown, while participating in the MARCH OF DIMES MUDD VOLLEYBALL TOURNAMENT.

I assume the risk of all dangerous conditions associated with the playing of MUDD VOLLEYBALL and waive any and all specific notice of the existence of such conditions. I do also assert that I am of sound physical condition and capable of participating in strenuous activities without undue risk. I understand shoes must be worn at all times during play. I also grant permission to the aforementioned parties to utilize any and all photographs, video tapes, recordings, and other references or records of March of Dimes events and activities for any and all purposes.

Mudd Volleyballs teams may have 6-10 players. There must be two women in the "pit" at all times. Rules will be "piggy" enforced!

Participant Name	Complete mailing address Street, city, state, zip	Email	Emergency Contact Name & Phone #	Participant Signature
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
10)				