

# 5th Annual



## TOURNAMENT

**Saturday March 14th @ 9:00 a.m.**

**Sign YOUR team up today!**

***All proceeds from the event go to United Way of MPM***

**Teams consist of 6-8 people (6 players, 2 substitutes)**

**Cost: \$50 minimum donation**

**Team registrations due by March 12th\***

**Double elimination tournament with 3 minute timed games**

**Please return the registration forms to**

**Kdunn@unitedwayofmpm.org or fax (740) 454-6875**

***\*Additional fundraising is encouraged. The Team that raises the most money receives a PRIZE!***

Team Name: \_\_\_\_\_

**\$50.00 minimum donation  
per team Checks or  
Cash only  
Make checks payable to:  
**UWMPM**  
Due by March 12th, 2020**

## REGISTRATION

***Release of Liability: by signing the lines signature below:***

*I hereby waive and release any and all rights and claims for damages I may have against the Muskingum Recreation Center, United Way of MPM Counties and Ohio University Zanesville, for any and all injuries which may be suffered in connection with my involvement in the Dodgeball tournament on March 14th, 2020. I, also, waive and release any and all rights by my heirs, executors, and/or administrators.*

**TEAM CAPTAIN**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ ☐ Female ☐ Male

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ ☐ Female ☐ Male

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ ☐ Female ☐ Male

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ ☐ Female ☐ Male

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ ☐ Female ☐ Male

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ ☐ Female ☐ Male

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ ☐ Female ☐ Male

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ ☐ Female ☐ Male

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THE DEADLINE TO ENTER FEB. 20, 2018  
 PLEASE MAIL, EMAIL, OR DELIVER ENTRY  
 TO:  
[Kdunn@unitedwayofmpm.org](mailto:Kdunn@unitedwayofmpm.org)**