



Human Foosball

July 21, 2018 – Rotary Park, Jefferson

www.tomorrowshope.org

Registration Form

PARTICIPANT INFORMATION:

Team Captain/Contact(Team Member #1): _____

Team Name: _____

Address: _____

Email: _____ Phone: _____

Team Member #2: _____

Email: _____ Phone: _____

Team Member #3: _____

Email: _____ Phone: _____

Team Member #4: _____

Email: _____ Phone: _____

Team Member #5: _____

Email: _____ Phone: _____

Team Member #6: _____

Email: _____ Phone: _____

Registration is not valid unless ALL team members sign on the reverse side of this page

PAYMENT INFORMATION:

Registration fee: \$50 per team for registrations received by July 14th
\$60 per team for registrations received July 15th or later

Mail registration form AND payment to:
Tomorrow's Hope
147 W Rockwell Street
Jefferson, WI 53549

Note: No refunds. Participant understands that the entry fee is non-refundable and non-transferable.

ACKNOWLEDGEMENT & SIGNATURE:

My signature below indicates I have carefully read and fully understand the waiver agreement. I am aware that this is a release of liability, a promise not to sue, and a contract between myself and the event parties that will bind our spouses, heirs, personal representatives, assigns, and all members of our families, including any minors. We sign this agreement of our own free will.

Signature Team Member #1

Date

Signature Team Member #2

Date

Signature Team Member #3

Date

Signature Team Member #4

Date

Signature Team Member #5

Date

Signature Team Member #6

Date