



All participants must fill out the below information to be eligible. They understand that Kippy's Place does not carry insurance to cover participants in the league. They further release Kippy's Place of any liability or responsibility due to injuries or losses while participating in league, tournament, and/or open play. Thank you!

**Team Name:**

Preference of Night:    Monday (Starts June 5)                      Wednesday (Starts June 7)

<p>■ Captain Name: _____            Address: _____            City: _____ Zip: _____            Cell Ph: _____            E-mail: _____            Signature: _____</p>	<p>■ Name: _____            Address: _____            City: _____ Zip: _____            Cell Ph: _____            E-mail: _____            Signature: _____</p>
<p>■ Name: _____            Address: _____            City: _____ Zip: _____            Cell Ph: _____            E-mail: _____            Signature: _____</p>	<p>■ Name: _____            Address: _____            City: _____ Zip: _____            Cell Ph: _____            E-mail: _____            Signature: _____</p>
<p>■ Name: _____            Address: _____            City: _____ Zip: _____            Cell Ph: _____            E-mail: _____            Signature: _____</p>	<p>■ Name: _____            Address: _____            City: _____ Zip: _____            Cell Ph: _____            E-mail: _____            Signature: _____</p>

Cost per team is \$180.00                      Form of Payment:    Cash    Credit/Debit

Date Paid \_\_\_\_\_                      Kippy's Signature \_\_\_\_\_

Please return this form to Kippy's Place, 364 MW Main St, Elkhart 50073