Kippy's 2023 Fall Volleyball League



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!

Captain Name:		Name:	
Address:			
City:	Zip:	City:	Zip:
Cell Ph:		Cell Ph:	
E-mail:		E-mail:	
Signature:		Signature:	
Name:		Name:	
Address:		Address:	
City:	Zip:	City:	Zip:
Cell Ph:		Cell Ph:	
E-mail:		E-mail:	
Signature:		Signature:	
Name:		Name:	
Address:		Address:	
City:	Zip:	City:	Zip:
Cell Ph:		Cell Ph:	
E-mail:		E-mail:	
Signature:		Signature:	
Name:		Name:	
Address:		Address:	
City:	Zip:	City:	Zip:
Cell Ph:	or constant	Cell Ph:	5.500
E-mail:		E-mail:	
Signature:		Signature:	

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

Kippy's Personnel

Team Name:

Date Paid Kippy's Signature
