



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)

<input type="checkbox"/> Captain Name: _____	<input type="checkbox"/> Name: _____
Address: _____	Address: _____
City: _____ Zip: _____	City: _____ Zip: _____
Cell Ph: _____	Cell Ph: _____
E-mail: _____	E-mail: _____
Signature: _____	Signature: _____
<input type="checkbox"/> Name: _____	<input type="checkbox"/> Name: _____
Address: _____	Address: _____
City: _____ Zip: _____	City: _____ Zip: _____
Cell Ph: _____	Cell Ph: _____
E-mail: _____	E-mail: _____
Signature: _____	Signature: _____
<input type="checkbox"/> Name: _____	<input type="checkbox"/> Name: _____
Address: _____	Address: _____
City: _____ Zip: _____	City: _____ Zip: _____
Cell Ph: _____	Cell Ph: _____
E-mail: _____	E-mail: _____
Signature: _____	Signature: _____
<input type="checkbox"/> Name: _____	<input type="checkbox"/> Name: _____
Address: _____	Address: _____
City: _____ Zip: _____	City: _____ Zip: _____
Cell Ph: _____	Cell Ph: _____
E-mail: _____	E-mail: _____
Signature: _____	Signature: _____

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