

Mud Volleyball Registration Form
Saturday, AUGUST 12th, 2017
RIVERSIDE PARK, ROSCOE IL

Team Name: _____

Alternate Name: _____

Team Captain: _____

Address _____

City: _____ State _____ Zip: _____

Email: _____

Phone: _____

Signature: _____

Payment Information:
(Checks payable to The Epilepsy Foundation)

_____ check _____ Visa _____ Mastercard

Name on Card: _____

Cardholder's Address: _____

Card # _____

Exp. Date: _____ Zip Code: _____

All players will be required to sign waivers on the day of the tournament.

Online Registration
www.roscoemudvolleyball.com

Or Call 815-964-2689

Mail this form to:

The Epilepsy Foundation
Attn: Mud Volleyball
321 W. State St. Suite 208
Rockford, IL 61101