

Volley's 5TH Annual

“Beverage in Hand” Volleyball Tournament

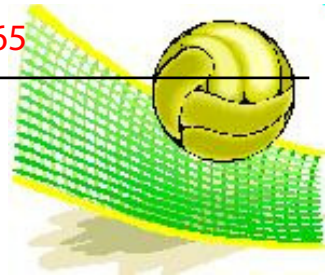


**SATURDAY, July 31st AT 10:00AM
FREE KEG STARTS AT 9:00AM**

TILL IT RUNS OUT, GET THERE EARLY!!

Volley's Volleyball & Grill

2701 Douglas Avenue Des Moines IA 50310 Ph: 255-6565



- **Tournament date is July 31st, 2010**
- **Double elimination tournament**
- **Co-Ed Recreational 6's - (3 Men & 3 Women)**
- **Max of 12 per roster**
- **Only \$5 per person**
- **Tournament starts at 10:00AM - Check in at 9:00-with free beer**
- **Sign-up Deadline is Thursday, July 29th, 2010**
- **Must pre-register, Tournament is limited to first 20 paid teams**

1ST PLACE: \$50 IN GIFT CERTIFICATES & TEAM TROPHY!

2ND PLACE: TEAM TROPHY!

3RD PLACE: TEAM TROPHY!

Fill Out Reverse Side & Turn In With Money



Beverage In Hand TOURNAMENT

PAYMENT TYPES

Check - (make out to Volley's 2701 Douglas Ave. Des Moines IA 50310)

Cash

Credit Card Type

Expiration: _____ Zip Code: _____

Fax over to (515)-255-1121

or call Volley's at (515)-255-6565

All fees are due with your registration form

Beverage In Hand Tournament: \$5 per person

A maximum of 12 per team.

Amount Due _____

Amount Paid _____

Team Name: _____ Date _____

Deadline For Sign-up is THURSDAY July 29th, 2010

Volley's Volleyball and Grill Waiver and Release of Liability

The listed individuals must fill out the below information in order for a team to be eligible for tournament participation. They understand that Volley's Volleyball And Grill does not carry insurance to cover participants in the tournament. They further release Volley's Volleyball and Grill of any liability or responsibility due to injuries or losses received while participating in league, tournament, and/or open play. Thank You.

■ Captain Name: _____

Address: _____

City: _____ Zip: _____

Hm Ph: _____ Wk Ph: _____

E-mail: _____

Signature: _____

■ Name: _____

Address: _____

City: _____ Zip: _____

Hm Ph: _____ Wk Ph: _____

E-mail: _____

Signature: _____

■ Name: _____

Address: _____

City: _____ Zip: _____

Hm Ph: _____ Wk Ph: _____

E-mail: _____

Signature: _____

■ Name: _____

Address: _____

City: _____ Zip: _____

Hm Ph: _____ Wk Ph: _____

E-mail: _____

Signature: _____

■ Name: _____

Address: _____

City: _____ Zip: _____

Hm Ph: _____ Wk Ph: _____

E-mail: _____

Signature: _____

■ Name: _____

Address: _____

City: _____ Zip: _____

Hm Ph: _____ Wk Ph: _____

E-mail: _____

Signature: _____

■ Name: _____

Address: _____

City: _____ Zip: _____

Hm Ph: _____ Wk Ph: _____

E-mail: _____

Signature: _____

■ Name: _____

Address: _____

City: _____ Zip: _____

Hm Ph: _____ Wk Ph: _____

E-mail: _____

Signature: _____