



Ham Lake Lanes Sand Volleyball

2017 Sand Volleyball Registration - Spring session STARTS week of April 10th (12 weeks*)
 Summer Session Starts Approximately Week of July 10th*

Please fill out all information completely - call 763-434-6010 for more information. All fees due (except weekly referee fee) upon signing up with your completed form.

Session: Spring ___ Summer ___ Team Name _____

Choice of Day: Mon ___ Wed ___ Tues ___ Thurs ___

League Type: Coed Recreational 6's ___ (Tues, Wed, Thurs)
 Coed Intermediate 4's ___ (Monday Only)
 Teen Recreational 6's ___ (Sunday Only)

*Dates approximate depending on weather

		Spring Session	Summer Session	Both Sessions
Volleyball	All 6 Player Teams	\$159 ___	\$159 ___	\$249 ___
Session Fees	All 4 Player Teams	\$119 ___	\$119 ___	\$199 ___

- For office use only -	
Amount Received \$ _____	Received by _____
Cash _____	Check _____ CC _____
CC# _____	Exp _____
Name on Card _____	

All Players listed below and those who join your team later must fill out this form - or an additional form to be eligible to play. All listed and undersigned do understand that Ham Lake Lanes and all related companies does not carry insurance to cover any participants in these volleyball and all outdoor activities, leagues and tournaments. All listed and undersigned hereby state that all of the above mentioned have read and hereby waive and release Ham Lake Lanes from any and all claims, damages, costs, actions and causes of action as the result of personal injuries sustained by the undersigned as the result of the undersigned's participation in Volleyball or other Athletic Activities. The undersigned have acknowledged this disclaimer by signing below.

TEAM CAPTAIN'S NAME (please print)		DATE OF BIRTH / /	AGE	SEX(CIRCLE ONE) M F
ADDRESS/CITY/STATE/ZIP			PHONE NO.	
SIGNATURE		E-MAIL		
NAME (please print)		DATE OF BIRTH / /	AGE	SEX(CIRCLE ONE) M F
ADDRESS/CITY/STATE/ZIP			PHONE NO.	
SIGNATURE		E-MAIL		
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NAME (please print)		DATE OF BIRTH / /	AGE	SEX(CIRCLE ONE) M F
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SIGNATURE		E-MAIL		