When: Sunday, October 16
Time: 1:00pm to 4:00pm

Team Name:

1.)

Where: Irving Rec. Center, 125 Vicksburg

NORMAMNEXT

2016 NEXTball Team Registration

Team Captain:

Sponsorship Level

We want to Sponsor 2 Teams (\$150)

We want to Sponsor 1 Team (\$100)

We want to Sponsor 3 + Teams (\$50 each add'l team)

*\$50 price is available after 2 teams are purchased at \$150

Company/Contact Address:		Phone:	Email:
tential risks associated with physica	l activity, and you further agree t	hat YOU ASSUME ALL RESPONSIBILITY AND RIS	Vaiver, you freely agree and acknowledge there are po- SK OF INJURY by your participation in playing. I under- In this Waiver voluntarily and without inducement of any
Player's Name:	Phone Number	Address	Signature of Release
1.)	()		
2.)	()		
3.)	() -		
4.)	()		
Team Name:		Team Captain:	
Company/Contact Address:		Phone:	Email:
Player's Name	Phone Number	Δddress	Signature of Release