

BSG Team Roster Registration Form

TO ENTER A TEAM:

1. The contact person for the team must complete this team roster. Only the team contact will receive information from the BSG office regarding competition.
2. Each playing team member must be listed on this roster and must sign the waiver on the bottom of this form (or parent/guardian if player is under 18 years of age). List the team contact as a player only if he/she will be competing.
3. You must fill out this roster form completely. Incomplete roster forms will be returned and not considered registered. This is your official roster. Please keep a copy for your records. All signatures must be on the same form.
4. Send completed roster forms and make checks payable to: **Badger State Games**.
Mail forms and checks to: **219 Jefferson Street, Wausau, WI 54403**

IMPORTANT! All athlete participants MUST sign the Amateur Athlete Waiver and Release of Liability.

TEAM INFORMATION: (all information is required)

City Representing (one only) _____ Team Name _____

Team Contact's Name _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Date of Birth (mm/dd/yy) _____

Email _____

BEACH VOLLEYBALL EVENT INFORMATION

DIVISIONS:

- Co-Ed 4's (must have at least 2 women)
- Doubles Men's

Shirt Sizes: _____ Shirt Sizes: _____

Shirt Sizes: _____ Shirt Sizes: _____

Please see website for complete list of rules regarding play.

Prices:

Co-Ed 4's **\$175/team**
Doubles Men **\$140/team**

TOTAL: _____ Circle: CASH CHECK #: _____

How many times have you participated in the games: _____

Emergency Contact: _____

Phone Number: _____

OFFICIAL TEAM ROSTER

Player's Name (please print)	Phone Number	Age	Date of Birth (mm/dd/yy)	Gender	Waiver Signed
1)			/ /	M F	<input type="checkbox"/>
2)			/ /	M F	<input type="checkbox"/>
3)			/ /	M F	<input type="checkbox"/>
4)			/ /	M F	<input type="checkbox"/>

*To pay by credit card (Visa/Mastercard):

Name as appears on card: _____

Account #: _____ Exp. Date: _____ / _____ CVV#: _____
(3 digit code on back)

Signature: _____

Billing Address: _____

Make checks payable to:



Badger State Games
219 Jefferson Street
Wausau, WI 54403
Fax 715-359-2306

