

# COED SAND VOLLEYBALL TOURNAMENT REGISTRATION FORM

TEAM NAME: \_\_\_\_\_

CAPTAIN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

Players Names:	1. _____	SUBS
	2. _____	1. _____
	3. _____	2. _____
	4. _____	
	5. _____	
	6. _____	

Please send registration and entry fee of \$90 to:

Brad Kassing  
P.O. Box 149  
Mt. Sterling, IL 62353

OR

Drop off at Ray Insurance Agency  
Attn: Brad Kassing

Registrations are due no later than Friday, August 7th.