

GOOD SHEPHERD DODGEBALL TOURNAMENT

~ TEAM REGISTRATION FORM ~

Team Name: _____ **Grade Level:** 4-6 7-8 9-12
*[**Note: if you are signing up as an individual, there is no need to write a team name]*

Adult Sponsor Name: _____ **Phone #** _____

4-6 Grade ~ 11:00am-12:30 p 7-8 Grade ~ 12:30-2:00 pm 9-12 Grade ~ 2:00-4:00 pm

*Cost is \$5 per person. All proceeds will support direct service to people in need.
 Please bring payment to the tournament. Checks can be made payable to Good Shepherd.*

Player's Name	Grade	Phone #
1		
2		
3		
4		
5		
6		

This form must be received at Good Shepherd by Friday, January 13!!