F.E.E.E. CO-ED VOLLEYBALL TOURNAMENT 2008

APPLICATION FORM

____RECREATIONAL DIVISION **FRIDAY, NOVEMBER 21 AT 6:00 P.M.**

____COMPETITIVE DIVISION **SATURDAY, NOVEMBER 22 AT 9:00 A.M.**

TEAM NAME: _____

TEAM CAPTAIN: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

DEPARTMENT OR ORGANIZATION: _____

PLAYERS' NAMES	EMAIL ADDRESS	UNDER 18 Y/N

Any player under the age of 18 years old must fill out required insurance form provided.

ADULT SHIRT SIZE QUANTITIES: ____SM____MED____LRG

____X-LRG____2XL

Team fee includes 8 t-shirts. Additional t-shirts may be purchased for an additional $10 each.

Make check payable to: FEEE
P.O. Box 1042
Easton, MA 02334-1042