

WEB Summer Over 40 Open Play Registration Form 2010

Complete and return to: Break Away Sports Center, 5964 Executive Dr, Madison, WI 53719

Player Name	Date of Birth
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Address/City/Zip

Telephone (home)	(work)	Email Address
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Participant MUST read & sign

As the player indicated above, I have read & understand the registration procedures. I accept the responsibility the team or individual registrant indicated will play according to the policies listed in the registration procedures, and rulebooks of Break Away Sports Center, Inc. Any participation to the contrary will be grounds for removal from further participation without refund to team or player.

X _____

Independent player signature

May 1 - July 25 (excluding July 4)

Optional MC or Visa Credit Card Payment

I authorize the associated Open Play payment to be charged to my credit card

Signature : _____

Card # _____ Exp. Date: _____