

Dodgeball “Knock Out Hunger” Tournament

Team Registration Form



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| Team Name: (Name must be school appropriate) | |
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| Player's Name (Print neatly) | Player's School (Circle one) | | | Player's Grade |
|---------------------------------|---------------------------------|-----|-----|----------------|
| 1) | LSHS | LSW | LSN | |
| 2) | LSHS | LSW | LSN | |
| 3) | LSHS | LSW | LSN | |
| 4) | LSHS | LSW | LSN | |
| 5) | LSHS | LSW | LSN | |
| 6) | LSHS | LSW | LSN | |

Please select one person to be your Team Captain. Your Team Captain must attend the Rules' Meeting at 6 p.m. in the Lecture Hall. Failure to attend the meeting will result in your team forfeiting the tournament.

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|------------------------|--|
| Team Captain's Name | |
| Team Captain's Email | |
| Team Captain's Phone # | |

This registration form, a signed waiver for each team member, and the \$25 registration fee is due to your school representative by **Thursday, November 1st**. You may also mail these items directly to: Lee's Summit High School, Attention: Mrs. Sisler, FBLA, 400 SE Blue Parkway, Lee's Summit, MO 64063. Please make checks payable to: LSHS