



ASCE DODGEBALL TOURNAMENT

REGISTRATION FORM

TEAM NAME: _____

TEAM CAPTAIN: _____

TEAM CAPTAIN PHONE: _____

	NAME:	EMPLOYER:	EMAIL:	ASCE MEMBER (Y/N):
1				
2				
3				
4				
5				

PLEASE ENCLOSE COPIES OF ENTIRE TEAM'S WAIVERS AND TEAM PAYMENT.