

FOR PETE FORCE "SPRING SHOOTOUT" REGISTRATION

TEAM NAME: _____ UNIFORM COLOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

(This will only be used for rules, schedules and tournament updates)

Age Group: ___3rd___ 4th ___5th___ 6th ___7th___ 8th Boys or Girls (please circle)

Level (Circle One): Recreational Competitive

Ability: (Weak) 1 2 3 4 5 6 7 8 9 10 (Strong)

	<u>Players Name</u>	<u>Jersey #</u>	<u>Grade</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

I have read and understand the Team Permission & Release Below:

Coach's Signature: _____

Mail Checks Payable to: FOR PETE and mail registration to:

Tom Law diane.law@conagrafoods.com
14605 Weir Circle cell: 402-680-4475
Omaha, Ne 68137

Team Permission and Release: Submittal of this form with payment releases the For Pete Force Organization and staff of this tournament from all claims and injuries or accidents which may be sustained by members of any team while participating in the FOR PETE FORCE Spring Shootout and acknowledges that parents have been notified about this release and tournament details.