TEAM ENTRY FORM

THE TEAM CAPTAIN MUST RETURN THIS FORM AND PAYMENT

- ♦ The Team Captain must return this completed form with a check (for team fee indicated) payable to the Washington State Senior Games. Remit to Washington State Senior Games, P.O. Box 1487, Olympia, WA 98507-1487.
- ❖ Team members may also enter individual events and must fill out the Athlete Entry form separately. A fee of \$10 per person per event will apply (but not the \$35 Registration Fee).
- ♦ All team athletes will be required to sign a medical waiver, at the event site, prior to participating in their first event

BASKE 3 ON 3	TBALL HALF COURT	SOCCE	R	SOFTB	ALL	VOLLE	YBALL
Sport Comm Schedule: Venue: Events: Special Tear (Includes	•••••	Sport Comn Schedule: Venue: Event: Special Teal	Francia Reynolds 360-456-6744 franciar1@comcast.net Saturday, Aug 4- Sunday, Aug 5 Begins at 9:00 am Regional Athletic Complex (Lacey) Team Tournament	Sport Comi Schedule: Venues:	Tom Frare 7305 Spurgeon Cr Rd Olympia, WA 98513 360-507-6297 cetjf@comcast.net Saturdays & Sundays June 30 - July 1 July 21- 22 All Begin at 9:00 am Mason County Recreational Area (Shelton)	Schedule:	ommissioners: Tad Earley 360-790-8515 tearley@ci.olympia.wa.us Mary Coppin 360-915-4926 marycoppin@comcast.net Sunday, July 22 Captains Meeting begins at 8:45 am Play begins: 9:00 am Olympia High School Gym
		Early bird	: \$330 by May 25	Events:	50+, 55+, 60+, 65+, 70+ & 75+	Events:	Team Tournament m Fee: \$150 per Team
				Special Tea	m Fee: \$290	Special Ica	and a second second
		T	EAM ROS	TER	nart 1		~ ~ ~ 0 0 0 0 0 0 0 0 0 0
CHECK	CONE: BASE	KETBAL			SOFTBALL		DLLEYBALL
TEAM N	Name						
TEAM (Captain's Name						
Team C	Captain's E-mail add	ress					
Team C	Captain's Home Phon	ne			Team Captain's Cel]- ll Phone	
PAYN	IENT INFORM <i>A</i>	ATION	Amount Paid:				
☐ I am	n paying by check		I am paying by	credit card	d: UVISA UM	astercard	
Check N	Number		Credit Card Number				
			EXPIRATION DATE (MM/Y	(3 p	VERIFICATION OR SECURITY CODE DIGIT NUMBER ON BACK OF CARD)		
NAME	E AS IT APPEARS ON YOUR CREDIT CAP	RD			Phone		
BILLI	NG ADDRESS						
SIGNA	ATURE						

TEAM ROSTER

공	CHECK SPORT:	☐ BASKETBALL	☐ RUGBY	□ SOCCER		FTBA	VII 1	☐ SOFTBALL ☐ VOLLEYBALL	VLL			
ᆼ	CHECK AGE GROUP:	40+	20+	55+	+09	+	9	65 +	70+	75+	BASKI OI CHECK ALL	BASKETBALL ONLY CHECK ALL THAT APPLY
2.01	First Name	Last Name	Address	City		State	Zip	Date of Birth	Phone	T-Shirt size: S-XXXL M / W	Hot Shot	Free Throw
-												
7												
m												
4												
'n												
9												
N												
œ												
0												
10												
=												
12												
13												
14												
15												
16												
17												
18												
19						\dashv						
70												

TEAM ROSTER part 2