

BATTLE of the BARS! 2010

July 10th

Team Roster Sign-Up

Team Name: _____

Manager: _____

Phone Number: _____

MSA Kickball Tournament

Payouts awarded through fifth place

Traveling Champion Trophy

	Player's Name (Including Team Manager)	Phone#
1		
2		
3		
4		
5		
6		
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8		
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12		
13		
14		
15		

I agree to accept responsibility for all affairs regarding my team, including team conduct, team registration, administration (waivers and attending meetings) and player eligibility. I have read and understand the tournament rules.

Team Manager's Signature _____

Please mail this form along with your check for \$150.00 to:

MSA
PO Box: 322
McFarland, WI 53558