

19TH ANNUAL

4-ON-4

BEACH VOLLEYBALL TOURNAMENT

MILLION DOLLAR BEACH, LAKE GEORGE, NY

AUGUST 7TH & 8TH

Official Registration Form

TEAM NAME: _____

1.) Team Captain _____ Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

2.) Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

3.) Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

4.) Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Alternate Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

**** A TEAM MAY CONSIST OF 4 PLAYERS AND 1 ALTERNATE ****

POWER	COMPETITIVE A	COMPETITIVE B	RECREATIONAL
Entrance Fee: \$250 per Team (Late Reg. after 7/23: \$280)	Entrance Fee: \$175 per Team (Late Reg. after 7/23: \$205)	Entrance Fee: \$150 per Team (Late Reg. after 7/23: \$180)	Entrance Fee: \$125 per Team (Late Reg. after 7/23: \$155)
<input type="checkbox"/> Men's: Play Sat. 8/7	<input type="checkbox"/> Men's: Play Sat. 8/7	<input type="checkbox"/> Men's: Play Sat. 8/7	<input type="checkbox"/> Men's: Play Sat. 8/7
<input type="checkbox"/> Women's: Play Sat. 8/7	<input type="checkbox"/> Women's: Play Sat. 8/7	<input type="checkbox"/> Women's: Play Sat. 8/7	<input type="checkbox"/> Women's: Play Sat. 8/7
<input type="checkbox"/> CoEd: Play Sun. 8/8 *Requires 2 men & women	<input type="checkbox"/> CoEd: Play Sun. 8/8 *Requires 2 men & women	<input type="checkbox"/> CoEd: Play Sun. 8/8 *Requires 2 men & women	<input type="checkbox"/> CoEd: Play Sun. 8/8 *Requires 2 men & women



Payment must be received at time of Registration
Checks should be made payable to: PROSPECT FOUNDATION
Prospect Child & Family Center
133 Aviation Road, Queensbury, NY 12804
(518) 792-7493; email: prospectfound@aol.com

Please bill my: M/C or Visa Card # _____ Exp. Date: _____

CANCELLATIONS AFTER JULY 23, 2010 WILL RECEIVE A 50% REFUND

Office Use Only

- Confirmation Letter
- Parking Pass

Payment Type _____

Team Number _____