**Dodge, Duck, Dive, Donate**

**Coed-Dodgeball Tournament**

**BENEFITING Kara Cline**

**Registration Form**

**Team Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Team Captain #1**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ROSTER:

**Teammate #2**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First & Last Name Emergency contact name/phone #

**Teammate #3**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First & Last Name Emergency contact name/phone #

**Teammate #4**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First & Last Name Emergency contact name/phone #

**Teammate #5**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First & Last Name Emergency contact name/phone #

**Teammate #6**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First & Last Name Emergency contact name/phone #

**Format:** Double Elimination

**Entry Fee:** $60 a team or $10 a person

**Location:** Fort Loudoun Middle School

**Date:** Friday, May12, 2017

**Time:** 5:30-8:30 pm

If you have additional questions about the tournament or need more info, please contact **Jeff Harris** at **865-771-2208** or at **jharris@blairlandbaptist.org**. No refunds will be granted. All players MUST sign a participant release form. Cash or Check payments. Turn payments into Jeff Harris or drop off at Blairland Baptist Church. Make checks payable to Robbie & Amanda Cline. Teams are encouraged to wear “uniforms/shirts”! **All profits will be donated to the Cline family.**