



# 3 V 3 CHALLENGE TOUR 2010/2011

Tampa 3v3 SUPER Challenge APPLICATION Countryside FL May 14/15, 2011  
(early entry deadline Thursday May 5)



Team Name: \_\_\_\_\_ Club (if applicable): \_\_\_\_\_

check one: MALE/COED[ ] FEMALE[ ] check one: REC[ ] COMP[ ]

AGE GROUP (U6\_) (U7\_) (U8\_) (U9\_) (U10\_) (U11\_) (U12\_) (U13\_) (U14\_) (U15\_) (U16\_) (U17\_) (U18\_) (U19\_)  
[ ] ADULT OPEN COMP [ ] ADULT OPEN REC [ ] OVER 30 [ ] ADULT COED

\* Required \* Required  
\*Coach Name \_\_\_\_\_ \*Contact Name \_\_\_\_\_  
Coach Address \_\_\_\_\_ \*Contact Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ \*City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
\*Coach Email \_\_\_\_\_ \*Contact Email \_\_\_\_\_  
\*Coach Phone \_\_\_\_\_ \*Contact Phone \_\_\_\_\_

CAPTAIN		Birthdate MM / DD / YYYY	male[ ] female[ ]	PLAYER 2		Birthdate MM / DD / YYYY	male[ ] female[ ]
Name				Name			
Address				Address			
City/State/Zip				City/State/Zip			
T-Shirt Size	YM	YL	AS	AM	AL	AXL	
SIGNATURE Player or Parent/Guardian (if player is under 18)				SIGNATURE Player or Parent/Guardian (if player is under 18)			
PLAYER 3		Birthdate MM / DD / YYYY	male[ ] female[ ]	PLAYER 4		Birthdate MM / DD / YYYY	male[ ] female[ ]
Name				Name			
Address				Address			
City/State/Zip				City/State/Zip			
T-Shirt Size	YM	YL	AS	AM	AL	AXL	
SIGNATURE Player or Parent/Guardian (if player is under 18)				SIGNATURE Player or Parent/Guardian (if player is under 18)			
PLAYER 5		Birthdate MM / DD / YYYY	male[ ] female[ ]	PLAYER 6		Birthdate MM / DD / YYYY	male[ ] female[ ]
Name				Name			
Address				Address			
City/State/Zip				City/State/Zip			
T-Shirt Size	YM	YL	AS	AM	AL	AXL	
SIGNATURE Player or Parent/Guardian (if player is under 18)				SIGNATURE Player or Parent/Guardian (if player is under 18)			

\$195 non refundable entry fee (\$30 discount on or before May 5) must accompany your application form. Make check or money order payable to: "CHALLENGE SPORTS. Mail to: Challenge Sports, attn Tampa Super 3v3, 2440 Michigan St., Melbourne, FL 32904.

For Credit Card Payment (fax to (321) 951-7475) please check one

MasterCard  Visa  American Express

Card # \_\_\_\_\_ Exp Date \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ zip: \_\_\_\_\_

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

Signature: \_\_\_\_\_

**Acceptance of Sportsmanship, Responsibility, and Waiver:** Every player (or parent /guardian if the player is under the age of 18) must sign this form. Signatures on this form signify that each person has read, understands and will abide by this information. There are risks associated with participation in this tournament and its related activities. I release and discharge Florida Challenge Sports Events Inc., Event Sponsors, Event Charities (collectively known as event organizers) and the workers, employees and Directors from all action, suits and demands whatsoever in law or in equity, including but not limited to, the risk of personal injury or death from playing in the tournament and the risk of loss of personal property by theft or otherwise. I acknowledge that medical insurance is not provided. The event organizers are not responsible for any effect participation may have on player eligibility for other sports activities. I hereby grant permission for event organizers to record any or all of my participation in this event for photos, videos, motion pictures, TV, radio and other media, and to use them, no matter by whom taken, in any matter for publicity, promotions, advertising, trade or commercial purposes without need for any reimbursement or fee paid to me.