

RLHS 2019 ALUMNI TOURNAMENT REGISTRATION

Name: _____ Graduation Year: _____

Address: _____

Phone: _____ Email: _____

SHIRT SIZE (Men's): S M L XL XXL

I wish to play in the following division: COMPETITIVE SEMI-COMPETITIVE

I want to play with the following team. Please note, each player must register individually (on a form or online) so we have their t-shirt size, signed medical release, and \$15 registration fee.

Name:

Graduation Year:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Payment: Cash Check (Payable to RLHS)

Credit Card ___ Visa ___ MasterCard ___ Discover ___ American Express

Name on Card _____

Card # _____ Code _____ Exp Date _____

Upon participation in the RLHS 2019 Alumni Basketball Tournament, I agree to assume all risk and liability of personal injury and/or property loss arising from playing in the tournament and agree to not hold Racine Lutheran High School liable.

Signature: _____ Date _____