

## RLHS 2022 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 2022 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 \_\_\_\_\_