

## RLHS 2023 ALUMNI TOURNAMENT REGISTRATION

Name: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

**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 \$20 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 2023 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 \_\_\_\_\_