



CAN-SERVE-IVE Beach Volleyball Tournament
Team Registration Form – November 11, 2017
4 Person Per Team – \$20 Per Person

T-SHIRT SIZE: Women: XS___ S___ M___ L___ XL___ Men: XS___ S___ M___ L___ XL___
(number of each size – one per team member)

Name: _____ Age: _____ Gender: M F
Cell Phone : _____ Email: _____

Name: _____ Age: _____ Gender: M F
Cell Phone : _____ Email: _____

Name: _____ Age: _____ Gender: M F
Cell Phone : _____ Email: _____

Name: _____ Age: _____ Gender: M F
Cell Phone : _____ Email: _____

Name: _____ Age: _____ Gender: M F (Substitute)
Cell Phone : _____ Email: _____

Name: _____ Age: _____ Gender: M F (Substitute)
Cell Phone : _____ Email: _____

ALL REGISTRATION AND WAIVER FORMS MUST BE RECEIVED BY 12PM WEDNESDAY, NOVEMBER 8TH

Cost: \$20 per person

Credit Card Visa MasterCard Discover

****ALL CREDIT CARD TRANSACTIONS WILL BE SUBJECT TO A \$5 PROCESSING FEE****

Name on Card _____ Expiration Date _____

Card Number _____ CVV Code _____

Billing Address _____

I, _____ authorize Extreme Fitness Club to charge \$ _____ **plus \$5 processing fee** to the card account listed above.

Signature

Date

Please make check payable to: Extreme Fitness Club

Check # _____ Amount \$ _____

Mail registration form and checks to P.O. Box 37035/Honolulu, HI 96837
or email completed forms and credit card information to info@efchawaii.com

EACH TEAM MEMBER MUST SIGN THE WAIVER FORM

