



KORNFEST SOFTBALL TOURNAMENTS AUGUST 15-17, 2008 ENTRY FORM & TEAM ROSTER

HOLMEN PARK & REC. DEPT.
PO BOX 158, 421 S MAIN ST
HOLMEN, WI 54636
(608) 526-2152
(608) 526-4357 FAX
brogan@holmenwi.com
www.holmenwi.com/holmenpr

NAME OF TEAM: _____ DIVISION: MENS A MENS B WOMENS

TEAM MANAGER: _____ PHONE #: (HOME) _____ (WORK) _____

ADDRESS: _____ CITY: _____ ZIP: _____

EMAIL: _____ NOTES: _____

RATE YOUR TEAM: **A** (GOOD), **B** (AVERAGE), **C** (JUST HAVE FUN), LEAGUE YOU PLAY IN & RECORD: _____

OFFICE STAFF ONLY

PAID: \$ _____ (\$110 PER TEAM) DATE PAID: _____ BALL TURNED-IN: _____

NAME	ADDRESS	CITY
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READ CAREFULLY: As manager/representative of the above stated adult softball team, I hereby attest and witness that the above stated members of the team roster have of their own free will elected to participate in this years Holmen KornFest Softball Tournament sponsored by the Holmen Park & Recreation Department. In addition, the above stated members of the team and all persons associated with your team understand that the stated activity, like most physical/athletic activity, has some degree of inherent risk involved. Furthermore, all participants are in good physical condition appropriate for the stated activity and that the above participants must assume full responsibility for personal injury incurred while taking part in the tournament. This also involves going to site/leaving for home during the dates of the tournament. **No Accident insurance is provided through the Village of Holmen.**

SIGNATURE OF TEAM MANAGER/REP.: _____ DATE: _____