



TWENTY-TWO MUDDY YEARS
AND COUNTING EST. 1989

Friday, September 16, 2011 @ 1PM
 Corner of Summit Ave & Greek Row
 \$75 per team, \$20 late fee after September 13
 A team must have at least 5 players
 Two **MUST** be female players

Organization/Department: _____

Team Name: _____

Captain: _____ Captain's Signature: _____ T-shirt size: _____

Address: _____ City, State, Zip: _____

Phone #: _____ Email: _____

Payment: Cash Check Visa
 MasterCard American Express Card #: _____ Exp Date: ____/____/____

Make checks payable to UTA Alumni Association

Cardholder Name: _____ Signature: _____

Address: _____ City _____

State: _____ Zip: _____ Department Name/Contact: _____

Campus Department IDT#: _____

Yes, I freely admit that I wish to participate! Each team member must sign!

WAIVER STATEMENT: In consideration of the acceptance of this entry, I, the undersigned, assume full and complete responsibility for any injury or accident which may occur to me during the UTA Oozeball Volleyball Tournament or while I am on the premises of the event and I hereby release and hold harmless the sponsors, promoters, the City of Arlington, and all other persons and entities associated with such event from any kind of injury and damages sustained by me, whether same be caused by negligence of the sponsor, promoters, or other persons or entities associated with this event, or otherwise. I also grant full permission to any and all sponsors to use photography and records of the event for any purposes.

Currently, the State of Texas and the North Texas Region are experiencing a record drought and residents and businesses are being asked to conserve water by limiting outdoor water use. To offset the water use related to the Oozeball event, participants are being asked to make a public pledge and personal goal of reducing their everyday water use by 5%.

I understand that we are currently experiencing drought conditions and pledge to do my part by reducing my everyday water use by 5%. By signing below, you agree to the above terms and conditions.

Team Roster	T-shirt size	Team Member Signature	Date
_____	_____	_____	__/__/__
_____	_____	_____	__/__/__
_____	_____	_____	__/__/__
_____	_____	_____	__/__/__
_____	_____	_____	__/__/__
_____	_____	_____	__/__/__
_____	_____	_____	__/__/__

T-shirt sizes will be taken until September 6, 2011. If the entry form is turned in after this date, a LARGE t-shirt will be provided to each member. Only 6 shirts will be given per team. Return entry forms to the Alumni Association 841 W. Mitchell Street Arlington, Texas 76013 or call at 817.272.2594.

Check-in begins at 11:30AM, September 16th, at the Registration Table
 Captain's Meeting at 12:30PM, September 16th

For Office Use Only	Type of Payment	Date of Payment	Entry Code