

PLEASE **PRINT & MAIL OR FAX** THIS FORM.

CONFIRMATION for FAXES: We will contact you by email or phone within 1 business day to let you know we received your fax. If we do not contact you, please call the office as we may have not received it.

Which League are you signing up for (include start date)? CO-ED DODGEBALL

Registration Type: **Team- \$350.00** **Free Agent- \$45.00**

Total Payment Amount: _____

* First Name _____

* Last Name _____

* Gender: Female Male

* T-Shirt Size: S M L XL XXL

Contact Information:

* Email Address _____

* Day Phone _____

* Billing Address _____

* City: _____ * State: _____ * Zip Code _____

Credit Card Information (not needed if paying by check)

Number _____ Exp Date _____

How did you hear about BTG SPORTS? _____

Please attach check and mail to:
Beyond The Game
400 4th Street
Columbus, GA 31901
Or
Fax to 706-478-0434 (with credit card info)

Questions? Call 706-393-8181 or emailbtgsports@gmail.com

ROSTER FOR TEAMS OR SMALL GROUPS

Captain's Name _____ Captain's Phone _____

Team Name? _____

Team Color (put down top 3 choices)? 1. _____ 2. _____ 3. _____

Team or Small Group Roster

Name	Email	Phone	T-shirt size
1			
2			
3			
4			
5			
6			
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