

Bremond Polish Day Festival

June 27, 2009

Coed Volleyball Tournament

Entry Form

Roster Limit: 8 players (if more \$10.00 add on per player)

Captain: Name _____

Address _____

Phone: _____

Players

Please note that by signing the above roster you are acknowledging that any accident or injury occurring during the course of this tournament is not the fault of any of the referees, organizers, sponsors, City of Bremond, Chamber of Commerce or any other party to the Bremond Polish Day Festival.

Please make checks payable to: Bremond Chamber of Commerce, in the amount of \$60.00 by June 24, 2009.

Mail to: Bremond Chamber of Commerce

Polish Day Festival

P. O. Box 487

Bremond, Texas 76629