

TEAM ENTRY FORM

**2nd ANNUAL MOBRIDGE CO-ED KICKBALL TOURNEY
SATURDAY, JULY 31ST & AUGUST 1ST
MOBRIDGE SOFTBALL FIELDS – MOBRIDGE, SD
FOR ADULTS BEGINNING AT AGE 16**

Team Name: _____

Team Contact Person: _____

Phone #(s): _____

Address/Town/Zip: _____

Team Roster (10-14 players –Please print name)

Signature

DOB

Player 1: _____

Player 2: _____

Player 3: _____

Player 4: _____

Player 5: _____

Player 6: _____

Player 7: _____

Player 8: _____

Player 9: _____

Player 10: _____

Player 11: _____

Player 12: _____

IN CONSIDERATION OF PARTICIPATION IN THE 2ND ANNUAL MOBRIDGE KICKBALL TOURNAMENT, THE ABOVE SIGNED HEREBY RELEASES THE BRIDGE CITY SOFTBALL ASSOCIATION, THE CITY OF MOBRIDGE AND THE ORGANIZERS AND VOLUNTEERS OF THE TOURNAMENT, FROM ALL CLAIMS OF ANY INJURIES OR ACCIDENTS WHICH MAY BE SUSTAINED WHILE PARTICIPATING IN THIS TOURNAMENT.

MAIL (OR DROP OFF) BELOW AT:

**MOBRIDGE KICKBALL TOURNAMENT
BOX 400
MOBRIDGE, SD 57601**

- **This completed Team Application with all signatures**
- **\$100 Entry Fee (cash, check or money order payable to Bridge City Softball Assn.)**

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT DAWN KONOLD AT KOLY IN MOBRIDGE AT 845-3654 OR 1-800-658-3451 OR RYAN KEMNITZ AT 280-9099.