



Benefiting HXC Youth Ministries

# May Madness Volleyball Tournament

**May 22, 2010**  
Dos Lagos Park @ 63rd Ave. & Utopia

**LOCATION:**

Dos Lagos Park  
63rd Ave. & Utopia

**TIME:**

Begins at 9am

**REGISTRATION:**

\$10 each / \$50 per team  
Individual registrations  
Team registrations (5 players)  
Double elimination

**PRIZES**

**50/50 RAFFLE**  
**FOOD**  
**ICE CREAM**

Benefiting youth  
missions to  
New Orleans  
July 4-9

**REGISTRATIONS DUE:**  
**MAY 15, 2010**

For more information call 602-843-0990



Hope Chapel 17417 N. 63rd Ave, Glendale, AZ 85308 www.hope-chapel.org



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# REGISTRATION

**Return Registrations To:**  
Hope Chapel  
14174 N. 63rd Ave.  
Glendale, AZ 85308  
602-843-0990  
Forms are online @  
www.hope-chapel.org

**DUE:**  
**May 15, 2010**

Full Name \_\_\_\_\_ Youth \_\_\_\_\_ Adult \_\_\_\_\_  
Full Address \_\_\_\_\_  
Phone \_\_\_\_\_  
I am registering as an individual \_\_\_\_\_  
I am registering as part of a team \_\_\_\_\_ (see reverse side)

**For Registrants under 18 yrs.:**  
Parent's Name \_\_\_\_\_ Phone \_\_\_\_\_ Alternate # \_\_\_\_\_

I understand that participation in the May Madness Volleyball Tournament is completely voluntary and, if applicable, allow my son/daughter/ward, for whom I am the legal guardian, to participate in the above named event sponsored by Hope Chapel Church, Inc (Hope Chapel). I agree to indemnify and hold harmless Hope Chapel and its employees from and against all claims, losses, or liability, including injury associated with his/her participation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# TEAM REGISTRATION

Team Name: \_\_\_\_\_

Player 1: \_\_\_\_\_ Phone: \_\_\_\_\_

Player 2: \_\_\_\_\_ Phone: \_\_\_\_\_

Player 3: \_\_\_\_\_ Phone: \_\_\_\_\_

Player 4: \_\_\_\_\_ Phone: \_\_\_\_\_

Player 5: \_\_\_\_\_ Phone: \_\_\_\_\_