



12th Annual Half Rubber Tournament

Isle of Palms Recreation Department

Registration Form

DEADLINE: August 18, 2010 (NO DAY OF REGISTRATION)

Team Name: _____

Participants: (please list the team captain first) I need everyone's email and full address for the future IOP tournament.

Name: _____ **Address (city, state & zip):** _____ **Phone #/email** _____ **Signature:** _____

1. _____

2. _____

3. _____

4. _____

Please register ASAP, we have a limited number of spots available.

Three (3) or Four (4) person teams

The fee is \$20.00 per person.

There is a \$20.00 late fee if not received by August 18, 2010

Upon acceptance of my entry, I for myself, my heirs & assigns, hereby release the sponsors, officials, city employees and volunteers of the Half Rubber league (Tournament) from any & all liability arising from illness, injury, or death I may suffer as a result of my participation in this event. I attest that I am physically fit & have sufficiently trained for this event and I am aware that my participation could, in some circumstances, result in physical injury. Should officials determine that completion of this event would be injurious to my health, I consent to be removed. I also understand that the entry fee is NONREFUNDABLE.

Isle of Palms Recreation Department

PO Box 508

Isle of Palms, SC 29451

(843) 886-8294 Fax (843)886-9857

T-shirt size: Med _____ Large _____ X-Large _____ XX-Large _____