



Activity Registration



Household LAST NAME

Household FIRST NAME

MAILING ADDRESS

CITY

ZIP

PHONE: HOME ()

WORK ()

EMERGENCY ()

VISA

MC

Email address: _____

CASH

CHECK

CHECK #: _____

REC'D BY: _____

PARTICIPANT INFORMATION

Participant First Name	Last Name	DOB	gender	Activity Name	Activity #	Fee
			M F			
			M F			
			M F			
			M F			

PARTICIPANT RELEASE

TOTAL FEE: _____

I, the below signed as an adult (or the parent of), do hereby release the City of Delta, its agents or employees, from liability for any injuries or damages which may result to myself (my child) as a result of the participation of myself (my child) in the City of Delta Recreation Program. Further, the applicant agrees to save and hold harmless the City of Delta, its officers, agents, or employees, for any damages or personal injury which may result from activities occurring on the property of the City of Delta which is used in conjunction with the Delta Recreation Program

SIGNATURE: _____

DATE: _____

ALPINE BANK DELTA PICKLEBALL TOURNAMENT

Check	Division	Day	Time	Activity #	Fee
	Men's Doubles 3.0 & Below	Sat, Sept. 29, 2018	TBA	201513-A5 Partner _____	\$35
	Men's Doubles 3.5	Sat, Sept. 29, 2018	TBA	201513-B5 Partner _____	\$35
	Men's Doubles 4.0	Sat, Sept. 29, 2018	TBA	201513-C5 Partner _____	\$35
	Women's Doubles 3.0 & Below	Sat, Sept. 29, 2018	TBA	201513-D5 Partner _____	\$35
	Women's Doubles 3.5	Sat, Sept.29, 2018	TBA	201513-E5 Partner _____	\$35
	Women's Doubles 4.0	Sat, Sept. 29, 2018	TBA	201513-F5 Partner _____	\$35
	Mixed Doubles 3.0 & Below	Sun, Sept. 30, 2018	TBA	201513-G5 Partner _____	\$35
	Mixed Doubles 3.5	Sun, Sept. 30, 2018	TBA	201513-H5 Partner _____	\$35
	Mixed Doubles 4.0	Sun, Sept. 30, 2018	TBA	201513-I5 Partner _____	\$35

Registration Deadline is Friday September 21, 2018

Mail registration to: 531 North Palmer Street Delta, CO 81416

\$35 (Up to 2 divisions)