

# 3rd Annual



United Way  
of Muskingum, Perry  
and Morgan Counties



# TOURNAMENT

**Thursday Feb. 22nd @ 5:30p.m.**

**Muskingum Recreation Center**

**Sign YOUR team up today!**

*All proceeds from the event go to United Way of MPM*

Teams consist of 6-8 people (6 players, 2 substitutes)

Cost: \$50 minimum donation



**Team registrations due by Feb. 20th\***

**MRC dodgeball rules will be followed:**

**(Rules available at the MRC front desk upon request)**

**Double elimination tournament with 3 minute timed games**

**Please return the registration forms to [Becky@muskrec.org](mailto:Becky@muskrec.org)**

**or fax (740) 450-6321**

*\*Additional fundraising is encouraged. The Team that raises the most money receives a PRIZE!*

**Open play practice times available in February**

***Mondays from 7:15pm to 9pm***

***And Saturdays 3pm to 4:30pm***

***Cost is \$2 per player all proceeds will benefit the United Way of MPM!***



**MUSKINGUM**  
RECREATION CENTER



740-454-4767

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

**\$50.00** minimum donation per team  
**Checks or Cash only**  
 Make checks payable to:  
**UWMPM**  
 Due by Feb. 20, 2018

# REGISTRATION

**Release of Liability: by signing the lines signature below:**

*I hereby waive and release any and all rights and claims for damages I may have against the Muskingum Recreation Center, United Way of MPM Counties and Ohio University Zanesville, for any and all injuries which may be suffered in connection with my involvement in the Dodgeball tournament on February 22, 2018. I, also, waive and release any and all rights by my heirs, executors, and/or administrators.*

**TEAM CAPTAIN**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_  Female  Male

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_  Female  Male

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_  Female  Male

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_  Female  Male

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  Female  Male  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  Female  Male  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Email: \_\_\_\_\_ Phone: \_\_\_\_\_  Female  Male  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THE DEADLINE TO ENTER FEB. 20, 2018  
PLEASE MAIL, EMAIL, OR DELIVER  
ENTRY TO:  
Muskingum Recreation Center  
C/O =Becky Weir  
1425 Newark Rd. Zanesville, OH 43701  
[becky@muskrec.org](mailto:becky@muskrec.org)  
740-454-4767**