

**39TH ANNUAL
VOLLEYBALL CHALLENGE**
BENEFITING ANN STORCK CENTER
SATURDAY, JUNE 7, 2025
A 6'S CO-ED BEACH VOLLEYBALL TOURNAMENT



TEAM REGISTRATION FORM

COMPANY NAME: _____

TEAM NAME: _____

TEAM CAPTAIN: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____

DIVISION (PLEASE CHECK ONE)

☐

COMPETITIVE

☐

RECREATIONAL

PLEASE LIST ALL PLAYERS, THEIR EMAIL ADDRESS AND SHIRT SIZE BELOW

CAPTIAN NAME: _____ EMAIL: _____ SHIRT SIZE: _____

PLAYER 2 NAME: _____ EMAIL: _____ SHIRT SIZE: _____

PLAYER 3 NAME: _____ EMAIL: _____ SHIRT SIZE: _____

PLAYER 4 NAME: _____ EMAIL: _____ SHIRT SIZE: _____

PLAYER 5 NAME: _____ EMAIL: _____ SHIRT SIZE: _____

PLAYER 6 NAME: _____ EMAIL: _____ SHIRT SIZE: _____

PLAYER 7 NAME: _____ EMAIL: _____ SHIRT SIZE: _____

PLAYER 8 NAME: _____ EMAIL: _____ SHIRT SIZE: _____

PAYMENT DETAILS:

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CHECK: NAME ON CHECK _____ TEAM AFFILIATION _____ CHECK# _____ CHECK DATE _____

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ONLINE: ANNSTORCKCENTER.ORG/VOLLEYBALL TEAM AFFILIATION _____

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CASH PAYMENT

Please send this completed form along with \$400 team fee to:
Ann Storck Center
1790 SW 43rd Way, Fort Lauderdale- P: (954) 257-6639 - F: (954) 321-8863
Checks should be made payable to Ann Storck Center

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RELEASE FORM

TEAM NAME: _____

I HEREBY RELEASE AND DISCHARGE ANN STORCK CENTER, AND ALL SPONSORS OF THE 39TH ANNUAL VOLLEYBALL CHALLENGE, FOR ALL CLAIMS AND DAMAGE, DEMANDS AND ACTIONS WHAT SO EVER IN ANY MANNER ARISING FROM AND GROWING OUT OF MY PARTICIPATION IN THE 39TH ANNUAL VOLLEYBALL CHALLENGE TO BENEFIT ANN STORCK CENTER HELD ON SATURDAY, JUNE 7, 2025 AT POMPANO BEACH PIER IN POMPANO BEACH.

I ATTEST AND VERIFY THAT I AM 18 YEARS OF AGE OR OLDER, (OR MY GUARDIAN HAS SIGNED FOR ME) THAT I HAVE FULL KNOWLEDGE OF THE ROSKS INVOLVED AND THAT I AM PHYSICALLY FIT AND CAPABLE OF PARTICIPATING IN THIS ACTIVITY.

NAME:_____ SIGNATURE:_____ DATE:_____

NAME:_____ SIGNATURE:_____ DATE:_____

NAME:_____ SIGNATURE:_____ DATE:_____

NAME:_____ SIGNATURE:_____ DATE:_____

NAME:_____ SIGNATURE:_____ DATE:_____

NAME:_____ SIGNATURE:_____ DATE:_____

NAME:_____ SIGNATURE:_____ DATE:_____

NAME:_____ SIGNATURE:_____ DATE:_____

PLEASE RETURN SIGNED RELEASE AND TEAM REGISTRATION FORM TO
SANDREWS@ANNSTORCKCENTER.ORG

Annstorckcenter.org/volleyball