



**38TH ANNUAL
VOLLEYBALL CHALLENGE**
BENEFITING ANN STORCK CENTER
SATURDAY, JUNE 15, 2024
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:

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

ONLINE: ANNSTORCKCENTER.ORG/VOLLEYBALL TEAM AFFILIATION _____

CASH PAYMENT

Please send this completed form along with \$400 team fee to:
Patty Murphy, 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



38TH ANNUAL VOLLEYBALL CHALLENGE

BENEFITING ANN STORCK CENTER
SATURDAY, JUNE 15, 2024

270 N POMPANO BEACH BLVD POMPANO BEACH, FL 33062



RELEASE FORM

TEAM NAME: _____

I HEREBY RELEASE AND DISCHARGE ANN STORCK CENTER, AND ALL SPONSORS OF THE 38TH 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 38TH ANNUAL VOLLEYBALL CHALLENGE TO BENEFIT ANN STORCK CENTER HELD ON SATURDAY, JUNE 15, 2024 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 RISKS INVOLVED AND THAT I AM PHYSICALLY FIT AND CAPABLE OF PARTICIPATING IN THIS ACTIVITY.

NAME:_____ SIGNATURE:_____ DATE:_____

NAME:_____ SIGNATURE:_____ DATE:_____

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NAME:_____ SIGNATURE:_____ DATE:_____

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NAME:_____ SIGNATURE:_____ DATE:_____

PLEASE RETURN SIGNED RELEASE AND TEAM REGISTRATION FORM TO
PMURPHY@ANNSTORCKCENTER.ORG OR MAIL TO
ANN STORCK CENTER ATTENTION PAT MURPHY 1790 SW 43RD WAY FORT LAUDERDALE, FL 33317

Annstorckcenter.org/volleyball