

United Flyball League International, Inc.
PMB 169
4132 South Rainbow Blvd.
Las Vegas, NV 89103
(509) 696-9176
www.u-fli.com

## **TEAM TOURNAMENT ENTRY FORM**

<b>U-FLI™</b> Tournament Information	Team Information	
Tournament June Hot Spot Name/Location: Hurricane, Ut Tournament Date: 5/12/2018	Team Name: Class: Standard Variety Seed Time:	⊒ Pick-Up
Closing Date: 4/13/2018  Entry Fee: \$115.00  Host Club: Stampede	Team Name: Class: Standard Variety Seed Time:	⊒ Pick-Up
Check Payable/ Stampede Mail Payment To: 2070 Jacob Dr. Santa Clara, UT 84765  Tournament Tammy Russell Director: zeke.stitch@gmail.com	Team Name: Class: Standard Variety Seed Time:  Team Name:	⊒ Pick-Up
U-FLI™ Club Information  U-FLI™ Club#:	<b>4.</b> Class: □ Standard □ Variety	⊒ Pick-Up
Club Name: Captain:	Team Name: Class: Standard Variety Seed Time:	⊒ Pick-Up
Address:  City:  State/Province: Zip/Postal Code:	Team Name: Class: Standard Variety Seed Time:	Pick-Up
Phone Number:  Email Address:	Comments/Additional Information	•
All events are held under the Rules and Regulations of United Flyball League Intern nost club assume no responsibility for any loss, accidents, theft, damage, death, or property.  hereby agree to waive any claim, action, or lawsuit and further agree to indemnify narmless from any claims, actions or lawsuits resulting from my and/or my club's/to acknowledge that the current U-FLI™ Rules and Regulations have been made avaiunderstand and agree to the above and to abide by all of the current U-FLI™ Rules	ury sustained by spectators, exhibitors or handlers, or to I hold U-FLI™, its officers, directors, agents, employees, o's participation in this event. He to me, and that I am familiar with their contents. My si	o any of their dogs or and the host club
By signing this document, I acknowledge that I have the authority to sign and accepany persons who may accompany myself and my club and/or team at this U-FLI™ e		Club, my Team, and
Signature:	Date:	