



Waiver

I the undersigned agree to play by the rules and regulations set up by New Hope Bowl Leagues and agree to hold New Hope Bowl and their agents harmless of any injuries incurred while participating in any league play held at New Hope Bowl.

Players Name:

Signature:

Phone:

1: _____	_____	_____
2: _____	_____	_____
3: _____	_____	_____
4: _____	_____	_____
5: _____	_____	_____
6: _____	_____	_____

Registration will not be accepted without payment paid in full

Team Name:

Team Captain:

Address:

Daytime Phone:

Evening Phone:

Email Address:

Desired Night:

Desired Level (Circle One): UPPER LOWER

New Hope Bowl
7107 42nd Ave. N.
New Hope MN, 55427



Payment:

All volleyball leagues are \$250.00 per team for 1 season.
Payment can be at the front desk.

