

TEAM TOURNAMENT ENTRY FORM

U-FLI™ Tournament Information		Team Information		
Tournament Name/Location:		Team Name:		
Tournament Date:	1.	Class: C Standard Seed Time:	□ Variety □ Pick-Up	
Closing Date:		Team Name:		
Entry Fee:	2.	Class: 🛛 Standard	Variety	
Host Club:		Seed Time:	Pick-Up	
Check Payable/		Team Name:		
Mail Payment To:	3.	Class: Class:	Variety	
Tournament		Seed Time:	Pick-Up	
Director:		Team Name:		
U-FLI™ Club Information	4.	Class: Class:	Variety	
U-FLI™ Club#:		Seed Time:	Pick-Up	
Club Name:	5.	Team Name:		
Captain:		Class: Class:	Variety	
Address:		Seed Time:	Pick-Up	
City:	6.	Team Name:		
		Class: Class:	Variety	
State/Province: Zip/Postal Code:		Seed Time:	Pick-Up	
Phone Number:	Cor	Comments/Additional Information:		
Email Address:				

All events are held under the Rules and Regulations of United Flyball League International, Inc. (U-FLITM). U-FLITM, its officers, directors, agents, employees, and the host club assume no responsibility for any loss, accidents, theft, damage, death, or injury sustained by spectators, exhibitors or handlers, or to any of their dogs or property.

I hereby agree to waive any claim, action, or lawsuit and further agree to indemnify and hold U-FLITM, its officers, directors, agents, employees, and the host club harmless from any claims, actions or lawsuits resulting from my and/or my club's/team's participation in this event.

I acknowledge that the current U-FLITM Rules and Regulations have been made available to me, and that I am familiar with their contents. My signature indicates that I understand and agree to the above and to abide by all of the current U-FLITM Rules and Regulations.

By signing this document, I acknowledge that I have the authority to sign and accept the conditions contained herein on behalf of myself, my Club, my Team, and any persons who may accompany myself and my club and/or team at this U-FLI™ event.

Signature: ____

_____ Date: _____