



TEAM TOURNAMENT ENTRY FORM

U-FLI™ Tournament Information	Team Information			
Tournament Name/Location:		Team Name:		
	1.	Class: ☐ Standard	□ Standard □ Variety	
		Seed Time:	☐ Pick-Up	
Closing Date:		Team Name:		
Entry Fee:	2.	Class: Standard	☐ Variety	
Host Club:		Seed Time:	☐ Pick-Up	
Check Payable/ Mail Payment To:		Team Name:		
	3.	Class: Standard	☐ Variety	
Tournament Director:		Seed Time:	☐ Pick-Up	
	4.	Team Name:		
U-FLI™ Club Information		Class: ☐ Standard	☐ Variety	
U-FLI™ Club#:		Seed Time:	☐ Pick-Up	
Club Name:		Team Name:		
Captain:	5.	Class: ☐ Standard	☐ Variety	
Address:		Seed Time:	☐ Pick-Up	
City:		Team Name:		
	6.	Class: Standard	☐ Variety	
State/Province: Zip/Postal Code:		Seed Time:	☐ Pick-Up	
Phone Number:	Cor	nments/Additional	Information:	
Email Address:				
All events are held under the Rules and Regulations of United Flyball League Internation assume no responsibility for any loss, accidents, theft, damage, death, or injury sustained				
hereby agree to waive any claim, action, or lawsuit and further agree to indemnify and heavy claims, actions or lawsuits resulting from my and/or my club's/team's participation in t		its officers, directors, agents, emp	oloyees, and the host club harmless from	
acknowledge that the current U-FLI™ Rules and Regulations have been made available understand and agree to the above and to abide by all of the current U-FLI™ Rules and F		hat I am familiar with their conten	ts. My signature indicates that I	
By signing this document, I acknowledge that I have the authority to sign and accept the control who may accompany myself and my club and/or team at this U-FLI™ event.	conditions co	ntained herein on behalf of mysel	If, my Club, my Team, and any persons	
Signature:		D	ate:	