

BLUEGRASS STATE GAMES TEAM ENTRY FORM

MAIL TO: Bluegrass State Games, P.O. Box 1463, Lexington, KY 40588 -- 1-800-722-2474 or 859-255-0336
Fax No. (for Credit Card ONLY) 859-258-3022

OFFICE USE ONLY	
Entry Fee Paid :	\$ _____
Registration No.	_____

Coach's Name: _____ Coach's Signature: _____

Address _____ City _____ KY Zip _____ County _____

Day Phone () _____ Night Phone () _____ E-mail: _____

Payment: Amount: \$ _____ Check: Payable to BGSB / Credit Card: (Circle One) VISA MASTERCARD

Card # _____ Expiration Date: _____ CVV (Last 3 digits on back card) _____ Authorization Signature: _____

CHECK WHICH SPORT YOU WISH TO ENTER:

- Baseball (Coach Pitch) Soccer Age Group _____
- Basketball (3 on 3) Recreational
- Cornhole (2/team) Open
- Flag Football High School
- Hardcourt Bike Polo (3/team) Softball
- Lacrosse Tee Ball
- Miracle Baseball League Volleyball

TEAM INFORMATION:

Team Name: _____ **EVENT CODE:** _____

Division: _____ Check One: Male Female Co-Rec

SOFTBALL ONLY: NSA Sanction # _____

SOCCER ONLY: Jersey Color: _____

League Affiliation: _____

Field Marshall: _____ Phone #: _____

Total Number of Each T-shirt Size Needed

YM _____ YL _____ S _____ M _____ L _____ XL _____ XXL _____

of Participants Attending Celebration of Athletes on 7/16 _____

TEAM ROSTER & SIGNATURE FOR WAIVER:

****PLEASE READ MEDICAL WAIVER ON INDIVIDUAL FORM****

Player's Name	DOB	Age	Address/City/Zip	Signature for Medical Waiver (Parent's if under 18)
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____
13.	_____	_____	_____	_____
14.	_____	_____	_____	_____
15.	_____	_____	_____	_____
16.	_____	_____	_____	_____
17.	_____	_____	_____	_____
18.	_____	_____	_____	_____