

Wilmot Dodgeball Tournament Team Sign-Up

Please fill out and return half of this sheet with payment(\$5 per player) to:

11112 308th Ave, Wilmot, WI 53192 Attn: Mrs. Jessica Runte

Make checks payable to: Wilmot NHS

Team Name: _____

Player 1: _____ Grade: _____ School: _____

Player 2: _____ Grade: _____ School: _____

Player 3: _____ Grade: _____ School: _____

Player 4: _____ Grade: _____ School: _____

Player 5: _____ Grade: _____ School: _____

Player 6: _____ Grade: _____ School: _____

Team Contact Email: _____

*You will receive an email confirmation of registration.

Wilmot Dodgeball Tournament Individual Sign-Up

If you sign up as an individual you will be put on a team to be determined randomly.

Player Name: _____ Grade: _____ School: _____

Contact Email: _____

*You will receive an email confirmation of registration.