

# PASS TOURNAMENT REGISTRATION

SAM BROWN MEMORIAL TOURNAMENT (32 TEAMS)

TEAM \_\_\_\_\_

COACH \_\_\_\_\_ EMAIL \_\_\_\_\_

PHONE (C) \_\_\_\_\_ (W) \_\_\_\_\_ (FAX) \_\_\_\_\_

## SQUAD MEMBERS: (PLEASE PRINT NAMES)

1. \_\_\_\_\_

11. \_\_\_\_\_

2. \_\_\_\_\_

12. \_\_\_\_\_

3. \_\_\_\_\_

13. \_\_\_\_\_

4. \_\_\_\_\_

14. \_\_\_\_\_

5. \_\_\_\_\_

15. \_\_\_\_\_

6. \_\_\_\_\_

16. \_\_\_\_\_

7. \_\_\_\_\_

17. \_\_\_\_\_

8. \_\_\_\_\_

18. \_\_\_\_\_

9. \_\_\_\_\_

19. \_\_\_\_\_

10. \_\_\_\_\_

20. \_\_\_\_\_

**REGISTRATION FEE: \$15.00 PER PERSON**

**ADVANCED REGISTRATION:** *Each team that wishes to participate in any tournament, must send \$180 nonrefundable deposit to the tournament host to secure your participation! The remaining per person balance must be paid the day of the tournament at the registration table.*

**MAXIMUM FEE: \$300 (20 Participants) MINIMUM FEE: \$180**

**MAIL ADVANCED REGISTRATION/TENTATIVE SQUAD LIST TO:**

Ron Doak  
P.O. Box 769  
Manvel, TX 77578

(c) 832 816-5738  
doarkr@yahoo.com

**RELEASE OF LIABILITY**

**STATE OF TEXAS**

**COUNTY OF HARRIS**

*I, \_\_\_\_\_, am a parent/legal guardian of  
\_\_\_\_\_, who will be allowed to  
participate in the Football Passing Tournament. I hereby release the  
Football Passing Tournament and each of its' Directors from any  
and all liability as a result of any injuries which may occur during my  
child's participation. I fully understand that as a parent/legal  
guardian, I am responsible for any and all medical expenses which  
may be incurred as a result of any accidental injuries. I further  
understand that the Football Passing Tournament is not sanctioned  
by the University of Houston and is a private (TASO) association.*

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PARENT/LEGAL GUARDIAN**