

**1st Annual  
Bump, Set, Spike Against  
Breast Cancer!**



**Co ed Volleyball Fundraising Tourney  
2012**

**2012“Bump, Set, Spike Against Breast  
Cancer” - Fundraiser Volleyball Tournament  
Saturday, May 12, 2012**

**Tournament Information**

Come Join the fun for the Save the Boobies’ first annual “Bump, Set, Spike Against Breast Cancer” Fundraiser Volleyball Tournament! Save the Boobies is a 3 Day walking team for Susan G Komen. For more information about breast cancer awareness and donations please visit [www.the3day.org](http://www.the3day.org).

**Tournament Location:** Eudora Recreation Center, Eudora KS

**Date:** Saturday, May 12, 2012 First game starts at 8 am.

**Registration Fee:** A minimum donation \$100 per team. *Fees are tax-deductible.* Please make checks out to **Save the Boobies.**

**How to Register:** Please return the attached registration form along with your registration fee. Deadline to register is May 5, 2012.

Rosters will be due prior to play. Fill out the form completely and return with your payment to:

Kimberley or Scott Smoots  
1108 Fir Street  
Eudora, KS 66025  
Ph: (785) 840-4218  
Email: [soonersmoots@hotmail.com](mailto:soonersmoots@hotmail.com)

**Official Registration Form**

Please fill out completely. All tournament information will be taken from this form. Please type or print clearly.

**Team**

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Waiver of Liability-** *In consideration of my teams participation in this event, I, the undersigned, intending to be legally bound, hereby, for the heirs, executors & administrators, waive and release any and all claims for damages I may have against the Save the Boobies Team and Any sponsor/members thereof for any and all injuries incurred by me or my team members in this event. I hereby assume the risks of participating in this event. I attest and verify that my team is physically fit and sufficiently trained for the competition of the event. I hereby agree that in the event of cancellation due to inclement weather or other "Acts of God" conditions, my registration fee shall not be refunded. In addition, The tournament organizers assume no responsibility for injury or accident. Each player must be responsible for their own equipment. All players must be physically fit to play.*

**Contact**

**Person/Captain:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **(Home)** \_\_\_\_\_ **(Cell)** \_\_\_\_\_

**TEAM ROSTER: NAME AGE (must be 18 or over)**

1. \_\_\_\_\_ 2. \_\_\_\_\_
3. \_\_\_\_\_ 4. \_\_\_\_\_
5. \_\_\_\_\_ 6. \_\_\_\_\_
7. \_\_\_\_\_ 8. \_\_\_\_\_
9. \_\_\_\_\_ 10. \_\_\_\_\_

**Registration Fee must be enclosed with this form. Entry fee is \$100 per team  
REGISTRATION FEES ARE NON-REFUNDABLE UNLESS EVENT IS CANCELLED.**