

1st Annual Big Pink Volleyball Team Registration and T-shirt Order Form

REGISTRATION FORM AND TEAM CONTRIBUTIONS DUE THURSDAY FEBRUARY 28TH AT THE KICK-OFF EVENT AND/OR AT THE CAE OFFICE BEFORE 5:00 P.M.

*Note: Registrations may be turned in early to the CAE office on the 4th floor in the Nigh Center

Team Name: _____ **Captain's Last Name/Phone #** _____

Write your organization name on appropriate line or check independent:
 Residence Hall _____ Faculty/Staff Department _____ Independent _____
 Greek _____ Club/Organization _____ UCO Sports _____

Please Print Clearly

Player Name (#1 is Team Captain)	ID#	E-Mail		Short Sleeve Black (\$10)	Short Sleeve Pink (\$10)	Player Total
1.			\$5	S M L XL 2XL 3XL	S M L XL 2XL 3XL	
2.			\$5	S M L XL 2XL 3XL	S M L XL 2XL 3XL	
3.			\$5	S M L XL 2XL 3XL	S M L XL 2XL 3XL	
4.			\$5	S M L XL 2XL 3XL	S M L XL 2XL 3XL	
5.			\$5	S M L XL 2XL 3XL	S M L XL 2XL 3XL	
6.			\$5	S M L XL 2XL 3XL	S M L XL 2XL 3XL	
7.			\$5	S M L XL 2XL 3XL	S M L XL 2XL 3XL	
8.			\$5	S M L XL 2XL 3XL	S M L XL 2XL 3XL	
9.			\$5	S M L XL 2XL 3XL	S M L XL 2XL 3XL	
10.			\$5	S M L XL 2XL 3XL	S M L XL 2XL 3XL	

Additional Donations =\$ _____

Total Team Contribution =\$ _____

MAKE CHECKS PAYABLE TO *UCO*

For office use only:

_____ Players \$5/each=	\$ _____	
_____ Short Sleeve Black \$10=	\$ _____	
_____ Short Sleeve Pink \$10=	\$ _____	Receipt # _____
Total Additional Donations:	\$ _____	
Total Enclosed	\$ _____	Taken By _____