



Best of the West

7-on-7 Passing Tournament
 July 16-17, 2021
 Stadium of Champions/Tie Breaker Park
 Hopkinsville, KY

REGISTRATION INFORMATION

[Please print]

School Name: _____ 9th-12th Male Enrollment _____

Coach's Name: _____ Mobile Phone: _____

Coach's E-mail Address: _____

On-Site Contact (if different): _____ Mobile Phone: _____

School Address: _____ City: _____ State: _____ Zip: _____

Phone: _____

REGISTRATION FEE (NON-REFUNDABLE)

Registration	Regular	Total
7-on-7 Passing	\$275.00	
TOTAL PAYMENT		\$

METHOD OF PAYMENT

- Cash _____
- Check *[payable to City of Hopkinsville]* is enclosed
 Check #: _____
- Credit Card: Visa MasterCard
 Card #: _____
- Expiration Date: _____ Code: _____
- Card Holder Name: _____
- Card Holder Signature: _____

Registration is not complete until, payment has been received.

- Tax Exemption Certificate
(Please check box if attached)

ADDITIONAL INFORMATION

- *Attach your tax exemption certificate (if applicable).*
- *Please return completed, signed form and payment by July 9, 2021 to: Hopkinsville Parks and Recreation, memo: 7-on-7 Passing, 2600 Thomas Street, Hopkinsville, Kentucky 42240 or fax at [270] 632-2065.*
- *Questions? Registration Contact: Pam Rudd at [270] 887-4290 or prudd@hopkinsvilleky.us
 Tournament Information Contact: Dustin Lopez at [270] 839-2569 or dustin.lopez2@christian.kyschools.us*

WAIVER AND RELEASE

The undersigned agrees to defend and hold harmless the City of Hopkinsville and all other event sponsors and agents from all injury, loss, costs, claims, or damages to any person or property arising from, related to, or in any way connected with participation in the 'Best of the West' 7-on-7 Passing Tournament. I grant permission for you to publish any and all photos taken during these activities. Event organizers are granted permission to have medical personnel treat me, if needed, during my participation in the event.

Printed Name: _____ Date: _____

Signature: _____ Date: _____