

2013 Triton Athletes' Council DodgeBall Tournament Entry Form

Friday, May 24, 2013 • RIMAC Arena • 6:00 pm - 9:00pm

All proceeds from the event benefit the Make-A-Wish Foundation, a non-profit organization that "grants wishes" to children (2.5 years to 18 years old) who have been diagnosed with a life-threatening medical condition. All participants in this event must be affiliated with UC San Diego in one of the following capacities: Student, Graduate, Faculty or Staff Member. Please fill out the information below accompanied by your \$50 team entry fee. Entry Forms can be sent by fax to 858-534-8172 (ATTN: TAC DodgeBall) or dropped off at the ICA Offices located on the 4th floor of RIMAC.

*Forms can also be mailed to: UCSD Athletics
Attn: TAC DodgeBall Tournament
9500 Gilman Dr.
La Jolla, CA 92093-0531*

Team Name: _____

Names of Participating Players:

UCSD Affiliation (circle one)

- | | | | | |
|-----------------|---------|----------|---------|-------|
| 1. Name: _____ | Student | Graduate | Faculty | Staff |
| 2. Name: _____ | Student | Graduate | Faculty | Staff |
| 3. Name: _____ | Student | Graduate | Faculty | Staff |
| 4. Name: _____ | Student | Graduate | Faculty | Staff |
| 5. Name: _____ | Student | Graduate | Faculty | Staff |
| 6. Name: _____ | Student | Graduate | Faculty | Staff |
| 7. Name: _____ | Student | Graduate | Faculty | Staff |
| 8. Name: _____ | Student | Graduate | Faculty | Staff |
| 9. Name: _____ | Student | Graduate | Faculty | Staff |
| 10. Name: _____ | Student | Graduate | Faculty | Staff |

Team Captain's Information:

Name: _____ Phone #: _____

Email Address: _____

Method of Payment (\$50 per team): (Please Select One)

Credit Card: Visa ____ MC ____ AMEX ____ DISC ____

Credit Card # _____ Exp. _____

Signature _____

Check *Make Check Payable to: UC Regents

Cash *Correct Amount ONLY