



UNI 7-on-7 Tournament Registration

Date: June 6, 2010

Time: Check-in is from 9:00-10:00 a.m. at the UNI-Dome SW entrance
First set of games is at 10:30 a.m.

Cost: \$35.00/per player

Includes: Lunch, t-shirt, minimum of three (3) games

Procedure: Complete all requested information below.
Print a "Release and Medical Information" form for each participant (available on the camp website).
Send this document, signed release forms, and proper payment to:

UNI Sports Camps-Football
2401 Hudson Road
North Dome 268
Cedar Falls, IA 50614-0310

A confirmation letter will be sent from the UNI Sports Camps Office upon receipt of ALL forms.

PAYMENT INFORMATION

_____ **Check Payable to UNI Sports Camps** [NOTICE: When you provide a check as payment, you authorize the University of Northern Iowa to either use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day you make your payment, and you will not receive your check back from your financial institution. For inquiries, please call 319-273-2628.]

Credit Card (check one): _____ Visa _____ MasterCard _____ Discover _____ American Express
Name as it appears on card _____ Card Number _____ Exp. Date _____
Cardholder Billing Address _____
City _____ State _____ Zip Code _____
Signature _____ Amount to charge _____

By signing this form, I agree to have the above charge billed to my credit card.

SCHOOL NAME	CLASS: 4A, 3A, 2A, etc.	LEVEL: V, JV, FROSH
COACH'S NAME	COACH'S EMAIL ADDRESS	COACH'S CELL PHONE # ()

	PLAYER NAME	POSITION	HT	WT	GRADE FALL 2010	PAID	RELEASE AND MEDICAL FORM
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

QUESTIONS??? All camp questions should be directed to Matt Harken at 319-273-6175 or matt.harken@uni.edu.