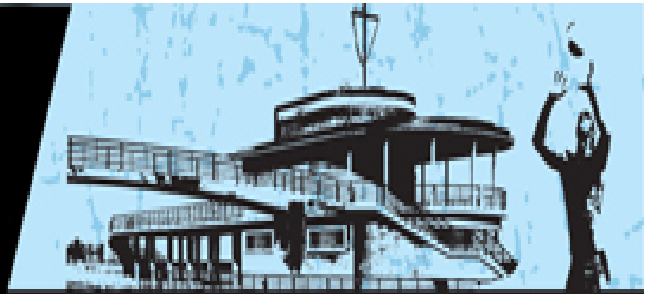


**BRADFORD
BEACH
VOLLEYBALL
LEAGUES**

**Midwestern
Unconventional
Sports
Association**



Session 1 **Monday Nights** **Wednesday Nights**

Team Skill Level Bump, Set, Spike! or Beer!

Team Name _____ Team Captain _____

Captain's phone # _____ email _____

Player Name _____ email _____

Player Name _____ email _____

Player Name _____ email _____

Player Name _____ email _____

Player Name _____ email _____

Player Name _____ email _____

Player Name _____ email _____

PAYMENT

(please print clearly)

Credit Card# _____

Expiration Date _____ 3 digit V-Code _____

make checks payable to **MUSA LLC**
4918 W Vliet St
Milwaukee, WI 53208

Address of credit card holder:

Fax to 414.454.0447

Scan and email to dan@kickoplex.com

contact dan@kickoplex.com with any questions