

MUSA™ Kickball Team Registration Form

Fall 2010 (August 22nd through October 30th)

Season begins the week of August 22nd; Registration deadline is August 13th

Division (please check your desired division):

- Monday, Bloomington Valley View Playfields, Field 3 - CLOSED
- Monday, St. Paul Rice & Arlington, Fields 1 and 3 (8 team openings)
- Tuesday, Bloomington Valley View Playfields, Field 3 (2 team openings)
- Tuesday, St. Paul Rice & Arlington, Fields 1 and 3 (7 team openings)
- Wednesday, Bloomington Valley View Playfields, Field 3 (3 team openings)
- Wednesday, St. Paul Rice & Arlington, Fields 1 and 3 (7 team openings)
- Thursday, St. Paul McMurray Fields, Field 3 (6 team openings) - **NEW**
- Friday, Bloomington Valley View Playfields, Field 3 (3 team openings)

Team Name: _____ **Captain:** _____

Payment calculation (All prices include the team t-shirts, equipment, shipping and handling, and field rental fees for the season.):

Base Cost:

\$450 per team covering up to 15 players including short sleeve t-shirts (standard logo and 1 ink color)	=	
\$30 per additional player over 15 for short sleeve t-shirts	Qty. _____ X \$30	=
\$500 per team covering up to 15 players including long sleeve, ringer or jersey t-shirts	=	
\$30 per additional player over 15 for long sleeve, ringer, and jersey t-shirts	Qty. _____ X \$30	=
\$325 per team for a team registering with team shirts returning from a previous season	=	

Additional Costs:

\$20 per team t-shirt set-up cost for custom logo	=	
\$20 per team t-shirt set-up cost for custom logo on file from a previous season	=	
\$25 per player for additional shirts from a previous season (min. 6 to order)	Qty. _____ X \$25	=
Total Payment Due		=

Credit Card Information (circle one): **Visa** **Master Card**

Number: _____ **Exp.:** _____

Verification Code (this is the 3-digit code on the back of the card): ___ ___ ___

Checks should be made out to: **Midwestern Unconventional Sports (MUSA)**
 Mail to: **MUSA LLC/Jennifer Acker**
 19457 Ellington Trail
 Farmington, MN 55024

If paying by credit card, you may fax your completed registration form to 651.463.3317.

Team Name: _____ Captain: _____

Shirt Type:

please check the appropriate box



Basic T



Ringer T



3/4 Raglan



Longsleeve Plain

Shirt Color (Choose from below and fill in here):

Short Sleeve T-Shirt:
(S-3XL)

Ash
Dark Chocolate
Military Green
Maroon
Sky
Royal Blue
Black
Gold
Irish Green
Violet

Safety Green
Daisy Yellow
Navy Blue
Light Blue
Cherry Red
Sand
White
Light Pink
Orchid
Lime
Tangerine

Ringer T-Shirt: (S-2XL)

Carolina Blue/Navy
Gold/Navy
Irish Green/Navy

Jersey T-Shirt: (S-2XL)

Heather Grey/Black
Heather Grey/Navy
Heather Grey/Scarlet
White/Black
White/Scarlet
White/Navy

Long Sleeve T-Shirt:
(Med.-2XL)

Ash
Navy Blue
Black
White
Forest Green
Red
Royal Blue
Sport Grey

Choose a team logo (check one):



_____ We will be submitting our personalized logo in hard copy, JPG, GIF, or BMP form for the front of our shirts (\$20 per team set-up cost); please email the team logo to jen@kickoplex.com

_____ We would like to use a logo from a past season (please indicate logo file name); \$20 set-up fee also applies to past logos on file per team additional cost.

**All team logos will be printed in either black or white depending on the shirt color.

Shirt Sizes:

	<u>Quantity</u>	<u>Two-Digit Numbers on back (no symbols or letters)</u>
S	_____	_____
M	_____	_____
L	_____	_____
XL	_____	_____
XXL	_____	_____

Shipping and Other Team Information:

If your team is ordering shirts, please provide the shipping address to where they should be shipped; if your team is not ordering shirts, please provide the captain and co-captain's email address in the space provided. Any teams paying by credit card will need to supply the card holder's address below as well. Email addresses are used to supply each team with league information during the season such as schedule changes or early game cancellations during the day.

Team Name: _____ Captain: _____

Captain/Shipping Address: _____

City: _____ Zip Code: _____

Phone: _____

Captain Email Address (required): _____
(Email is the primary communication method so an address is required)

Co-Captain Name (required): _____

Co-Captain Email Address (required): _____
(Email is the primary communication method so an address is required)

All team shirts will be shipped out on August 12, 2010 regardless of team registration date; league start is the week of August 22, 2010.

Schedules will be emailed to all team captains and co-captains following the registration deadline or following the full registration of an event night. Team schedules will also be posted on www.musakickball.com under the Twin Cities section of the website following the email notification of team captains and co-captains.

All teams must submit the completed registration form, and full payment to be considered a complete registration (meaning all three completed registration pages). The team liability waiver will be collected from each team on the first day of scheduled play. **Space will not be saved or held for teams that do not submit completed registration with full payment.** Team registration is on a first-come, first-served basis for any registration evening.

To receive a copy of the official rules contact Jen Acker at Jen@kickoplex.com. Check out our website at www.musakickball.com.

Kickball Waiver – Fall 2010

By signing this document, I agree to take full responsibility for myself and my actions as a participant in the MUSA Fall 2010 kickball league and hold MUSA, LLC. free of liability from any accident, injury or loss that may occur due to my participation. I understand the risks of injury that are present in playing kickball and accept these risks.

Team Name: _____

Captain: _____ Captain's Phone Number: _____

Player:	Print Name	Signature	Date
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1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

15. _____

16. _____

17. _____

18. _____

19. _____

20. _____