

Registration Form

(please type or print clearly)

First name: _____ Last name: _____ Date: _____

Address: _____

City: _____ State or province: _____ Country: _____ Zip: _____

Home phone: (____) _____ Work phone: (____) _____ E-mail / URL: _____

Sex: M F Birthday: __/__/____ Shirt size: S M L XL

WFA Member? N Y Member# _____ Player status: Amateur Professional

Have you ever competed at Worlds? N Y Club affiliation: _____

Events

Place an X in the box under the appropriate level for each event you want to compete in and the name of your partner (if applicable)

Net events:	Open	Women's open	Intermediate	Partner's name
Singles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Doubles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mixed doubles	<input type="checkbox"/>	<input type="checkbox"/>		_____
Freestyle events:				
Singles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Doubles	<input type="checkbox"/>	<input type="checkbox"/>		_____
Mixed doubles	<input type="checkbox"/>			_____
Preferred judging assignment: 1st choice _____ 2nd choice _____				
(i.e.: x-body/body/dexterity/delay/unusual/presentation/team/adds/contacts)				
Others events:				
Golf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Timed singles consecutives	<input type="checkbox"/>	<input type="checkbox"/>		
Doubles distance one pass	<input type="checkbox"/>	<input type="checkbox"/>		_____

Event Fees

Tournament entry fee (Pro - \$70.00 US/ Amateur - \$40.00 US)		\$ _____
Total number of open/women's open events entered	[] x \$5.00 US =	\$ _____
Total number of intermediate events entered	[] x \$3.00 US =	\$ _____
Late registration fee of \$10.00 US may be added for registration forms Postmarked after June 21, 1999. You cannot mail in your registration form after July 3, 1999.		\$ _____
If you are a scholarship winner, please indicate which approved tournament awarded you this scholarship. You must meet the pre-registration deadline to receive your scholarship.	Grand Total:	\$ _____

Scholarship awarded by: _____

Waiver For Participation

I, _____, hereby wish to enter the 1999 World Footbag Championships at its set and agreed upon entry fee. I understand that this entitles me to participate in all events entirely at my own risk and cost. I also vow to conduct myself in such a manner that is within the guidelines set forth by the World Footbag Association (WFA) and the Illinois Footbag League (IFL). I understand and hereby authorize the WFA and the IFL to use any and all film and video tape taken of me during this event, to be used for any purpose. In consideration of your accepting my (my child's) entry, I hereby, for myself (my child), my heirs, executors and administrators, waive and release any and all rights and claims for damages I (my child) may have against the WFA, IFL, the event sponsors, Schwa Footbag Publishing, the Mayor's Office of Special Events, the Mayor's Cup, and its representatives, successors and, assigns for any and all injuries suffered by myself (my child) at any activity sponsored by these groups.

Signature _____ Guardian or Parent (if under 18 years old) _____

**Mail registration form with a check or money order payable to: Illinois Footbag League
P.O. BOX 4161
Barrington, IL 60011-4161**

For more info:
Call Scot Hansen 630-668-6876
cdcurrent@yahoo.com
worlds@footbag.org
www.footbag.org/worlds99

You may register online at www.activeusa.com