

BEACH CORNHOLE LEAGUE

Membership & Registration Form:

NAME: _____ AGE _____

ADDRESS _____
Street city zip

Email: _____ Emergency Phone: _____

Cell Phone _____ Work contact: _____

Team Doubles Name: _____ / _____
____ I have partner partner's name
____ I need partner

____ I am interested in weekly singles play as well team play

I certify the I / my son/ daughter is in good health and able to play in the VA Beach Cornhole League. I will not hold Va Beach Cornhole, it's players, directors or employees responsible for any injury I/ he/ she may incur while participating in the league or traveling to and from league activities. I sign with full permission to participate:

Participant's signature date parent / guardian if under 18

Each Participant must fill out above form and pay individual league fee of \$20 each with registration

**\$5 LATE fee after
First League Date**

TOTAL INCLUDED: \$ _____ / \$5 Late FEE _____
Checks payable to: VA BEACH CORNHOLE LEAGUE (VBCL)

**VBCL
4817 Admiration Dr
VA BEACH, VA 23464**