

**Volleyball Tournament
Holy Trinity-Holy Cross Greek Orthodox Cathedral
2009 Registration Form**

Last Name _____ **First Name:** _____

Address: _____

City/State/Zip: _____

Email: _____ **Home phone:** _____

Cell Phone: _____ **Date of Birth:** _____ **Age:** _____

Insurance Company: _____

*****(Please attach a copy (front/back) of your insurance card to this form**

School Grade Fall 2008: _____ **Gender:** _____ **Parish:** _____

Parish Priest: _____ **City/State:** _____

Parents Names or legal guardian: _____

Parents address: _____

City/State/Zip: _____

Parent's email address: _____

Phone #s/ Day: _____ **Evening:** _____

Parent's Cell: _____ / _____

Check List of Forms To Be Returned:

- ✓ **Copy of Registration Form**
- ✓ **Release Waiver**
- ✓ **Signed Covenant**
- ✓ **Copy of Insurance Card (Front & Back)**