

# Triple Threat Thriller!

## TRIPLES VOLLEYBALL TOURNAMENT

**SATURDAY, SEPTEMBER 30, 2017**

- Location:** Millcreek Activity Center - 4405 South 1025 East  
**Start Time:** Play begins at 9AM  
Late registration is from 8:00AM to 8:45AM  
**Divisions:** (circle one)  
Men's Comp Men's Rec Women's Comp Women's Rec  
**Cost:** Pre-registration - \$20 per player / UOVA membership  
\$30 per player/ Non-UOVA member

All Pre-registrations must be made with payment in order to receive reduced fee!

**Day of Registration** - \$25 per player/UOVA membership  
\$35 per player/Non-UOVA member

- Registration:** Pre-register at Millcreek Activity Center or  
online at [www.activityreg.com](http://www.activityreg.com), no later than  
**12pm on Friday, September 29th, 2017.** (no phone registrations)  
For more information call Millcreek Activity Center at  
385-468-1570 or email Katie at [KObray@slco.org](mailto:KObray@slco.org).



UTAH OUTDOOR  
VOLLEYBALL ASSOCIATION

Millcreek Activity Center  
4405 South 1025 East  
Salt Lake City, UT 84107

*Improving lives through people, parks and play*

## Triple Threat Thriller! Registration

By my signature here, I attest that I have read this statement and waive all claims and release UTAH OUTDOOR VOLLEYBALL and SALT LAKE COUNTY PARKS & RECREATION, their staff, tournament directors, employees, workers, host and sponsors for any and all injuries I may suffer or pictures taken and used as a result of participation in the above listed event, or competition. I further attest that I will take responsibility to insure that I am physically fit to participate in said special events and competition.

**Player 1**  
Name \_\_\_\_\_ UOVA # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Phone \_\_\_\_\_

**Player #1 Signature (Guardian if under 18)** \_\_\_\_\_

**Player 2**  
Name \_\_\_\_\_ UOVA # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Phone \_\_\_\_\_

**Player #2 Signature (Guardian if under 18)** \_\_\_\_\_

**Player 3**  
Name \_\_\_\_\_ UOVA # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Phone \_\_\_\_\_

**Player #3 Signature (Guardian if under 18)** \_\_\_\_\_

OFFICE USE ONLY...Receipt No. \_\_\_\_\_ Amt. \$ \_\_\_\_\_ Recv'd. by \_\_\_\_\_