

DIMPLE DELL FITNESS AND RECREATION CENTER

DUEL at the DELL

Date: Saturday, August 26th, 2017

Where: Dimple Dell Fitness & Recreation Center Grass Fields 10670 S. 1000 E.

Time: Play begins at 9:00am

League Format: Men's & Women's Doubles
AA, A, B, and Novice
Junior's Division



Pre - Registration

UOVA Member \$20.00

Non-UOVA Member \$30.00

T-shirts are guaranteed to the first 50 pre-registered players only.

Check-in from 8:30 a.m.-8:45 a.m. at the pre-registration table.

Day of Registration

UOVA Member \$25.00

Non-UOVA Member \$35.00

Registration will begin at 8:00 a.m. and will end at 8:45 a.m.

**PRE-REGISTRATION DEADLINE:
FRIDAY, AUGUST 25TH AT 12:00PM**

REGISTER AT DIMPLE DELL - 10670 S. 1000 E. OR ONLINE

VISIT OUR WEBSITE: WWW.SLCO.ORG/DIMPLE-DELL

QUESTIONS? CALL (385)468-3355; ASK FOR TAYLOR



DUEL AT THE DELL REGISTRATION FORM



Please Mark the Appropriate Box

Check League: Women's Men's Juniors
 Check Division: AA A B Novice

All Divisions will play on grass fields

Pre - Registration

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 Check-in from 8:30 a.m.-8:45 a.m. at the pre-registration table.

Day of Registration

UOVA Member \$25.00
Non-UOVA Member \$35.00

Shirts available-until we run out.
 Registration will begin at 8:00 a.m. and will end at 8:45 a.m.

Player #1 _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

E-mail Address _____

UOVA Number _____

Player #2 _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

E-mail Address _____

UOVA Number _____

Emergency Contact (other than players) _____ Phone _____

Are there any injuries or conditions that our staff should be aware of? Yes No

If yes, please explain _____

I, as team manager, accept responsibility for the payment of the registration fee for the above listed basketball team, and agree to pay Salt Lake County a reasonable attorney fee in the event that my account is referred to County Attorney's office for collection. Accounts past due 30 days will be turned over to the Salt Lake County Attorney for collection.

Name _____ Signature _____ Date _____

OFFICE USE ONLY. . . Receipt No.	Amt.	Date	By
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