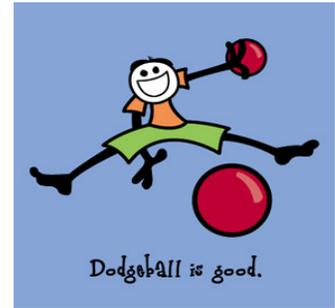




Parks and Recreation Department
1100 Chatham Av Norwalk, IA 50211 515.981.9206



2015 Winter Break Glow in the Dark Dodgeball

PRE-REGISTRATION REQUIRED

(Register online @ www.norwalk.iowa.gov, Parks and Recreation office, or by mail)

Home on break with nothing to do? All interested "Big Kids" are invited to register for an adult dodgeball tournament. You have to be able to dodge, duck, dip and dive in the fast pace game. Join us on a Sunday at the Norwalk Middle School for a fun filled event. This tournament will be self-officiating. A team consist of six players with a minimum of one female player. Please register as a team. This event is a first come, first serve basis until it is full.

Dates

Registration Dates: Nov 30 to Dec 11

Program Dates: Sunday, Dec 20

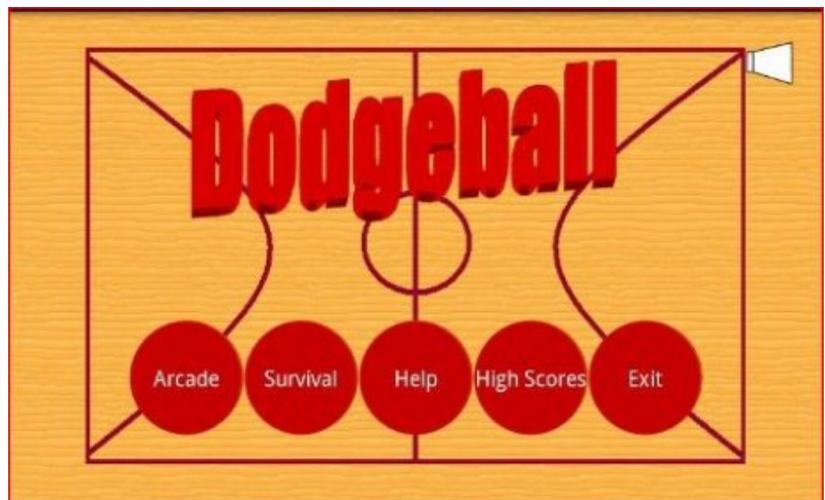
Program Times: TBA

Information

Cost: \$34.50

Location: Norwalk Middle School

Min/Max: 4/12 teams



TURN OVER TO FILL OUT REGISTRATION INFORMATION

Norwalk Parks and Recreation Registration Form

Team Captain's Information:

Team Name: _____

Name: First MI Last

Address:

City, State, Zip: IA

Daytime Phone #: Type:

Evening Phone #: Type:

Cell Phone #: Preference:

Email Address

Player's Name: _____

Address: _____ Town: _____ Phone: _____

Player's Name: _____

Address: _____ Town: _____ Phone: _____

Player's Name: _____

Address: _____ Town: _____ Phone: _____

Player's Name: _____

Address: _____ Town: _____ Phone: _____

Player's Name: _____

Address: _____ Town: _____ Phone: _____

Player's Name: _____

Address: _____ Town: _____ Phone: _____

Player's Name: _____

Address: _____ Town: _____ Phone: _____

Player's Name: _____

Address: _____ Town: _____ Phone: _____

Player's Name: _____

Address: _____ Town: _____ Phone: _____

By signing this roster form, participants acknowledge that in this activity there is a risk of injury involved. They in no way will hold the City of Norwalk, Recreation Department, or its staff or volunteers responsible for any injuries that may result as part of participating in this program.

Signature: _____

Activity Information:

Program Registration Fee Late Fee

Additional Comments/Medical conditions (if any):

FOR OFFICE USE ONLY:

PAID _____ CK# _____ CASH _____ By: _____

Credit Card _____ Number _____ Expires _____