

Battle of the Gyms

DATE: July 1, 2017

REGISTRATION 7:15 AM -8:15AM

DEMONSTRATION AND QUESTIONS: 8:15am-8:45am

EVENT TIME: 9am KICK OFF

ENTRY FEE: \$180 a team, we will have 4 person Teams of RX and Scaled. Teams will consist of either 2 male 2 female RX, or CO-ED SCALED 2 male and 2 female

Make checks payable to: CrossFit 765

MAIL TO: 1308 South Home Ave, Kokomo In, 46902

ENTRY DEADLINE: June 23, 2017. (for guaranteed competition shirts)

LOCATION: CrossFit765, FIT Kokomo 1308 S. Home Ave.

EVENTS WILL BE POSTED AT A LATER DATE

CONTACT: Missy Sutton, (765) 271-1175

REGULATION:

1. All teams in this tournament must be 2 male and 2 female (RX and Scaled)
2. Teams will indicate whether they are prescribed or scaled back. All 4 team members must agree to PRESCRIBED OR SCALED. Cannot have one team member scaled, and another prescribed.
3. Each team member must sign the release form for official entry into the tourney.
4. Officials reserve the right to limit the number of teams participating. REGISTER EARLY!
5. All participants will receive a **FREE** Haynes-Apperson Day T-Shirt and Battle of the Gyms competition shirt.

For, and in consideration of my participation in any HAYNES-APPERSON DAY SPORTS FESTIVAL events and the prizes offered in connection there with, I/WE may now have or have in the future against the HAYNES-APPERSON SPORTS FESTIVAL events, their agents, servants, employees, successors, and assigns, arising from any damages or losses which I/WE may suffer or incur while taking part in any HAYNES-APPERSON SPORTS FESTIVAL event. This waiver and release shall be binding upon my/our heirs, executors, administrators, and assigns.

SIGNATURE _____ DATE: _____
SIGNATURE _____ DATE: _____
SIGNATURE _____ DATE: _____
SIGNATURE _____ DATE: _____

TEAM NAME: _____

Level of play desired (circle one): Compete "Not Compete"

Captain (*player 1*) NAME: _____ AGE: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____

T-SHIRT SIZE: Adult: SM _____ MED _____ L _____ XL _____ 2XL _____

(*Player 2*) NAME: _____ AGE: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____

T-SHIRT SIZE: Adult: SM _____ MED _____ L _____ XL _____ 2XL _____

(*Player 3*) NAME: _____ AGE: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____

T-SHIRT SIZE: Adult: SM _____ MED _____ L _____ XL _____ 2XL _____

(*Player 4*) NAME: _____ AGE: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____

T-SHIRT SIZE: Adult: SM _____ MED _____ L _____ XL _____ 2XL _____