



Return completed form to:  
 kkelsey@oldhamcountychamber.com  
 or fax to:  
 502.222.3159

## Registration Form

Business Name: \_\_\_\_\_ Chamber Member: y/n

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Team Name: \_\_\_\_\_

### Player Information

| # | Player Name<br>(first and last) | T-shirt<br>Size | Business Employee<br>(y/n) |
|---|---------------------------------|-----------------|----------------------------|
| 1 |                                 |                 |                            |
| 2 |                                 |                 |                            |
| 3 |                                 |                 |                            |
| 4 |                                 |                 |                            |
| 5 |                                 |                 |                            |
| 6 |                                 |                 |                            |

**Reminder:**

- Minimum one (1) player must be employed by the represented business
- Players must be 18 or older to play
- Substitutions will only be allowed in the instance of injury