



GARDEN CITY WINTER CORNHOLE LEAGUE



Weeks: 16-week season with 2-week playoffs (32 matches, 3 games per match)	Location: Cambridge High School Gym 28901 Cambridge St, Garden City, MI 48135
Dates: Nov 7 th – Mar 26 (Off: 11/28, 12/26 & 1/2)	Prizes & Awards: The league champs will receive a custom-set of cornhole boards & trophy. Playoff Champs will receive t-shirts.
Day & Time: Thursday's @ 8:15 & 9:00 p.m. Weekly Double-Headers	Cost: \$150.00 per team
You must be 18+ to participate in this league. There will be an Upper & Lower division for this league with 6-8 teams in each. You must register by November 4th at the Parks & Recreation office or call (734) 793-1882. Teams can register by phone with a credit card, or in person at the GC Parks & Rec Office.	

Team Name: _____

Player #1 Name: _____	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of Birth: _____
Address, City, & ZIP: _____			
Phone #: _____	Email Address: _____		
Player #2 Name: _____	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of Birth: _____
Address, City, & ZIP: _____			
Phone #: _____	Email Address: _____		
Player #3 Name (sub): _____	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of Birth: _____
Address, City, & ZIP: _____			
Phone #: _____	Email Address: _____		

Waiver of Liability

I assume all risks of injury incurred or suffered while on the premises of the Garden City High School Cambridge Center, before, during and after league play. I hereby release, hold harmless and agree not to sue the City of Garden City, the Garden City Public School District, its' officers, all parties involved, servants, associations, employees or sponsors for any claims, loss, damage or injury sustained while on the said premises. I am aware and understand that copies of the Garden City Parks & Recreation League Rules and Regulations were furnished to this team at the start of the season and I understand and agree that it is my responsibility to read, understand and abide by these rules.

Office Use Only:

Paid: Yes / No

Payment Method: Cash / CC / Check #: _____

Receipt #: _____

Date Registered: ___/___/___

Staff: _____