



PAIRS TOURNAMENT ENTRY FORM

U-FLI™ Tournament Information	Pai	rs Participant Info. & Roster
		Participant Name:
Tournament Name/Location:		Participant U-FLI™ Club# Affiliation (If applicable):
Tournament Date:		Address:
	1.	City:
Closing Date:		State/Province:
Entry Fee:		Zip/Postal Code:
		Phone #:
Host Club:		Email address:
Check Payable & Mail Payment To: Tournament Director: U-FLI™ Pairs Racing Information		Dog's Name:
		U-FLI™ RUN #:
		Breed:
	2.	Participant Name:
		Participant U-FLI™ Club# Affiliation (If applicable):
		Address:
		City:
		State/Province:
Team Name:		Zip/Postal Code:
Seed Time:		Phone #:
		Email address:
		Dog's Name:
		U-FLI™ RUN #:
		Breed:
All events are held under the Rules and Regulations of United Flyball League International assume no responsibility for any loss, accidents, theft, damage, death, or injury sustained		
hereby agree to waive any claim, action, or lawsuit and further agree to indemnify and ho any claims, actions or lawsuits resulting from my and/or my club's/team's participation in the	old U-FLI™, nis event.	its officers, directors, agents, employees, and the host club harmless from
acknowledge that the current U-FLI™ Rules and Regulations have been made available understand and agree to the above and to abide by all of the current U-FLI™ Rules and Regulations.	to me, and	that I am familiar with their contents. My signature indicates that I
By signing this document, I acknowledge that I have the authority to sign and accept the co who may accompany myself and my club and/or team at this U-FLI™ event.	-	ontained herein on behalf of myself, my Club, my Team, and any persons
Signature:		Date: