



OF THE SAN CARLOS
ADULT COMMUNITY CENTER

PEDRO TOURNAMENT REGISTRATION FORM

NAME:		
ADDRESS:	CITY:	ZIP:
PHONE:	EMAIL:	

I hereby absolve and hold harmless the City of San Carlos, their respective officers, employees, from all injuries, claims, or liabilities that may result from my participation in the above activity. I am aware the activity may involve risk of injury and assume all risks for injuries received. I agree to the use of my name and/or photo for City and/or Parks and Recreation Foundation publicity.

PLAYER NAME	SIGNATURE
1.	
2.	
3.	
4.	

Cancellation Policy: There are NO tournament refunds. If you must cancel late, please send a replacement. Remember, the loss of 1 "no show" player will put three other disappointed players out of the tournament. NO SHOW – NO REPLACEMENT – NO REFUND

Register # of Participants _____ at \$60.00 Per Person Total: \$ _____

Payment: Visa MasterCard Check (Payable to Friends of ACC)

Card Number _____ CVV _____ Expiration Date _____

Zip Code _____

Cardholder's Name
(Print) _____ Signature _____

Mail Completed Form To: San Carlos Adult Community Center, 601 Chestnut Street, San Carlos, CA 94070