



Independence Day Celebration

2009 Coed Sand Volleyball Tournament Entry Form

Team Name: _____

Team Captain: _____

Team Roster:

(1) _____

(2) _____

(3) _____

(4) _____

(5) _____

(6) _____

(7) _____

(8) _____

Team Captain Contact Information:

Address: _____

Phone: _____ - _____ - _____ Email: _____

Please enclose the \$40.00 entry fee (Checks payable to: ICCI – 4th of July) with this form completely filled out and returned by July 1, 2008 to:

ICCI – 4th of July
Attn: Linda Kress
PO Box 366
Independence, IA 50644

**For more information, please call 319-327-1070 or 319-935-3000 X1010
Visit www.celebrateindee.com.**