



PRESENTED BY



- Yes we would like to enter a dodgeball team for the Lloydminster Region Health Foundation's; **Lloydminster's Gift to Health Livestream** on November 29, 2022. (Teams must consist of a minimum of 6 players with up to 10, teams must have 3 male & 3 female players on the court at all times) Registration fee is \$500/team. Must be 18 to participate. All games will be played at the Hoop Factory. **PLEASE NOTE: \*\*WE ARE ONLY ABLE TO ACCOMMODATE THE FIRST 16 TEAMS THAT HAVE THEIR COMPLETED REGISTRATION FORMS AND PAYMENT INTO US.** Remaining entries will be placed on a waiting list.

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

1. Player Name (Team Captain): \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
HCN: \_\_\_\_\_ Emergency contact: \_\_\_\_\_ Phone # \_\_\_\_\_  
T-shirt size: (please choose from dropdown menu)
2. Player Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
HCN: \_\_\_\_\_ Emergency contact: \_\_\_\_\_ Phone # \_\_\_\_\_  
T-shirt size: (please choose from dropdown menu)
3. Player Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
HCN: \_\_\_\_\_ Emergency contact: \_\_\_\_\_ Phone # \_\_\_\_\_  
T-shirt size: (please choose from dropdown menu)
4. Player Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
HCN: \_\_\_\_\_ Emergency contact: \_\_\_\_\_ Phone # \_\_\_\_\_  
T-shirt size: (please choose from dropdown menu)
5. Player Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
HCN: \_\_\_\_\_ Emergency contact: \_\_\_\_\_ Phone # \_\_\_\_\_  
T-shirt size: (please choose from dropdown menu)

6. Player Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
 HCN: \_\_\_\_\_ Emergency contact: \_\_\_\_\_ Phone # \_\_\_\_\_  
 T-shirt size: (please choose from dropdown menu)
7. Player Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
 HCN: \_\_\_\_\_ Emergency contact: \_\_\_\_\_ Phone # \_\_\_\_\_  
 T-shirt size: (please choose from dropdown menu)
8. Player Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
 HCN: \_\_\_\_\_ Emergency contact: \_\_\_\_\_ Phone # \_\_\_\_\_  
 T-shirt size: (please choose from dropdown menu)
9. Player Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
 HCN: \_\_\_\_\_ Emergency contact: \_\_\_\_\_ Phone # \_\_\_\_\_  
 T-shirt size: (please choose from dropdown menu)
10. Player Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
 HCN: \_\_\_\_\_ Emergency contact: \_\_\_\_\_ Phone # \_\_\_\_\_  
 T-shirt size: (please choose from dropdown menu)

Prizes will be awarded in the following categories:

- Best costume
- Most Sportsmanlike
- Overall winner of tournament
- Most pledges raised

In addition to the registration fee the Lloydminster Region Health Foundation will be seeking additional sponsorship for each team. Please read all rules of play prior to game day. Regular correspondence will be sent out with updates surrounding the event, so please ensure you have provided an updated email. Teams are also encouraged to raise pledges, this can be done online at [www.lrhf.ca](http://www.lrhf.ca)

Team Captain will be the main contact for the LRHF.

Thank you for your commitment in helping us “Dodge the Stigma”! Alone we can do so little; together we can do so much!

\*\*Non-charitable tax receipt will be issued



## Registration Fee: \$500

Please pay via cheque or cash by dropping it off at the LRHF Office at 4910 50<sup>th</sup> Street – Suite #116 (located in the Prairie North Plaza)

Or Pay via Credit Card by filling out the information below.

### REGISTRATION PAYMENT:

- Credit Card (provide details below)  
 Visa     Mastercard     American Express

NAME ON CARD \_\_\_\_\_

CARD # \_\_\_\_\_ EXPIRY \_\_\_\_\_ CVV \_\_\_\_\_