

Adult Games Registration
MSA Spring Campout
All players must be current FCRV Members

Horseshoes

Chapter/District Name _____ Chapter Number _____
Member at Large _____

Men's Single Competition

Name _____ Phone _____
Address _____
Address _____

Men's Double Competition

Name _____ Phone _____
Address _____
Address _____

Name _____ Phone _____
Address _____
Address _____

Women's Single Competition

Name _____ Phone _____
Address _____
Address _____

Women's Double Competition

Name _____ Phone _____
Address _____
Address _____

Name _____ Phone _____
Address _____
Address _____

Mixed Doubles Competition

Man's Name _____ Phone _____
Address _____
Address _____

Woman's Name _____ Phone _____
Address _____
Address _____

Advanced registration must be mailed by _____ (date) to:

Name _____ Phone _____
Address _____
City, State Zip _____

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Washer Toss

Chapter/District Name _____ Chapter Number _____
Member at Large _____

Men's Single Competition

Name _____ Phone _____
Address _____
Address _____

Men's Double Competition

Name _____ Phone _____
Address _____
Address _____

Name _____ Phone _____
Address _____
Address _____

Women's Single Competition

Name _____ Phone _____
Address _____
Address _____

Women's Double Competition

Name _____ Phone _____
Address _____
Address _____

Name _____ Phone _____
Address _____
Address _____

Mixed Doubles Competition

Man's Name _____ Phone _____
Address _____
Address _____

Woman's Name _____ Phone _____
Address _____
Address _____

Advanced registration must be mailed by _____ (date) to:

Name _____ Phone _____
Address _____
City, State Zip _____

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Volley Ball

Chapter/District Name _____ Chapter Number _____
Member at Large _____

Volley ball competition team shall consist of a maximum of twelve (12) players. Keep male/female ratio close to one to one. The on court team shall consist of six (6) player and may never have more men than women playing at any time.

Team Coach _____ Phone _____

Address _____

Address _____

Advanced registration must be mailed by _____ (date) to:

Name _____ Phone _____

Address _____

City, State Zip _____