

Marshall Park & Rec Department
130 S Pardee Street, PO Box 45
Marshall, WI 53559
(608) 655-4017
FAX: (608) 655-4273 recdirector@marshall-wi.com

Choose which Tourney you are registering for:

Men's Tourney July 11 & 12

Co-Ed Tourney August 1 & 2

NAME OF TEAM: _____

RATE YOUR TEAM (This will help with seeding the first round): A (GOOD), B (AVERAGE), C (JUST HAVE FUN)

TEAM MANAGER: _____

PHONE #: _____

ADDRESS: _____ CITY: _____ ZIP: _____

EMAIL: _____

Tournament Fee: \$125

Please make Checks payable to: Village of Marshal



For Office Use Only: Fee Amount Paid: _____ Date Payment Received: _____

Method of Payment: Check # _____ or Cash Receipt # _____ Received By: _____

