

**39TH ANNUAL  
VOLLEYBALL CHALLENGE**  
BENEFITING ANN STORCK CENTER  
SATURDAY, JUNE 7, 2025  
A 6'S CO-ED BEACH VOLLEYBALL TOURNAMENT



## TEAM REGISTRATION FORM

COMPANY NAME: \_\_\_\_\_

TEAM NAME: \_\_\_\_\_

TEAM CAPTAIN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_

### DIVISION (PLEASE CHECK ONE)

**COMPETITIVE**

**RECREATIONAL**

**PLEASE LIST ALL PLAYERS, THEIR EMAIL ADDRESS AND SHIRT SIZE BELOW**

CAPTIAN NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_ SHIRT SIZE: \_\_\_\_\_

PLAYER 2 NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_ SHIRT SIZE: \_\_\_\_\_

PLAYER 3 NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_ SHIRT SIZE: \_\_\_\_\_

PLAYER 4 NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_ SHIRT SIZE: \_\_\_\_\_

PLAYER 5 NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_ SHIRT SIZE: \_\_\_\_\_

PLAYER 6 NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_ SHIRT SIZE: \_\_\_\_\_

PLAYER 7 NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_ SHIRT SIZE: \_\_\_\_\_

PLAYER 8 NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_ SHIRT SIZE: \_\_\_\_\_

### **PAYMENT DETAILS:**

CHECK: NAME ON CHECK \_\_\_\_\_ TEAM AFFILIATION \_\_\_\_\_ CHECK# \_\_\_\_\_ CHECK DATE \_\_\_\_\_

ONLINE: [ANNSTORCKCENTER.ORG/VOLLEYBALL](http://ANNSTORCKCENTER.ORG/VOLLEYBALL) TEAM AFFILIATION \_\_\_\_\_

CASH PAYMENT

Please send this completed form along with \$400 team fee to:  
Ann Storck Center  
1790 SW 43rd Way, Fort Lauderdale- P: (954) 257-6639 - F: (954) 321-8863  
Checks should be made payable to Ann Storck Center

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# RELEASE FORM

TEAM NAME: \_\_\_\_\_

I HEREBY RELEASE AND DISCHARGE ANN STORCK CENTER, AND ALL SPONSORS OF THE 39TH ANNUAL VOLLEYBALL CHALLENGE, FOR ALL CLAIMS AND DAMAGE, DEMANDS AND ACTIONS WHAT SO EVER IN ANY MANNER ARISING FROM AND GROWING OUT OF MY PARTICIPATION IN THE 39TH ANNUAL VOLLEYBALL CHALLENGE TO BENEFIT ANN STORCK CENTER HELD ON SATURDAY, JUNE 7, 2025 AT POMPANO BEACH PIER IN POMPANO BEACH.

I ATTEST AND VERIFY THAT I AM 18 YEARS OF AGE OR OLDER, (OR MY GUARDIAN HAS SIGNED FOR ME) THAT I HAVE FULL KNOWLEDGE OF THE ROSKS INVOLVED AND THAT I AM PHYSICALLY FIT AND CAPABLE OF PARTICIPATING IN THIS ACTIVITY.

NAME:\_\_\_\_\_ SIGNATURE:\_\_\_\_\_ DATE:\_\_\_\_\_

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NAME:\_\_\_\_\_ SIGNATURE:\_\_\_\_\_ DATE:\_\_\_\_\_

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NAME:\_\_\_\_\_ SIGNATURE:\_\_\_\_\_ DATE:\_\_\_\_\_

NAME:\_\_\_\_\_ SIGNATURE:\_\_\_\_\_ DATE:\_\_\_\_\_

PLEASE RETURN SIGNED RELEASE AND TEAM REGISTRATION FORM TO  
SANDREWS@ANNSTORCKCENTER.ORG

[Annstorckcenter.org/volleyball](http://Annstorckcenter.org/volleyball)