



# DODGEBALL LEAGUE REGISTRATION

Make checks payable to RCRC and mail to: **DodgeballLeague** • 6429 Bishop Avenue • Columbia, SC 29203  
**Phone:**(803)754-6720 ext. 221 • **Fax:** (803)754-5445 • **Email:** [bj@rcrc.state.sc.us](mailto:bj@rcrc.state.sc.us)

**CO-ED 18+ • REGISTRATION: DECEMBER 1-FEBRUARY 29**  
**REGISTRATION FEE: \$150/TEAM • REGISTRATION FEE DEADLINE: FEBRUARY 29**  
**IMPORTANT NOTICE: NO REFUNDS AFTER SCHEDULES HAVE BEEN COMPLETED**

RCRC leagues are organized for the express purpose of providing fun, friendly, healthy competition between participants interested in the sport of kickball. **ARGUMENTS, VERBAL OR PHYSICAL ABUSE OF OTHERS, AND ANY OTHER SUCH DISRUPTIVE BEHAVIORS WILL NOT BE TOLERATED.**

A player or team suspension or expulsion may take place at any time during the season with no fees being returned. If you have been expelled from other leagues, this is not the place for you!

- 8 game season with single elimination tournament; play 1 night/week.
- The Recreation Commission does not provide insurance for its participants. Each player chooses to participate at his/her own risk.
- Registration is taken on a first paid basis with **NO** spots being held! **NO PHONE CALLS!**

*Please fill out completely, accurately, clearly, and notify us of any changes. This information will be used for all correspondence so it must be correct or you will miss out on very important notices.*

Team Name:  Captain's Name:

Captain's Address:  City:  Zip:

Home Phone:  Work Phone:  Cell Phone:

Email:

Company/Sponsor or person paying the fee:

How did you hear about this event?  Newspaper  Flyer  Game Plan  Website  Other \_\_\_\_\_

**IMPORTANT NOTICE (Please read this form carefully):**  
 Only place additional locations in which you are willing and able to play! Schedules will be made using the information you provide. **NO REFUNDS** will be issued to teams that put additional choices and then decide they cannot play! All fees **MUST BE PAID IN FULL** before any team is placed on the schedule. **NO REFUNDS AFTER SCHEDULES HAVE BEEN COMPLETED.**

### OFFICE USE ONLY

Date Paid: \_\_\_\_\_ Location registered at: \_\_\_\_\_ Time: \_\_\_\_\_ Receipt#: \_\_\_\_\_ Fee Paid: \_\_\_\_\_  
 DLN#: \_\_\_\_\_ Exp: \_\_\_\_\_  Cash: \_\_\_\_\_  Check#: \_\_\_\_\_  Credit Card#: \_\_\_\_\_ Exp: \_\_\_\_\_