



SINGLES TOURNAMENT ENTRY FORM

U-FLI Tournament Information	U-FLI Singles Class Participant Information
Tournament Name/Location:	Participant Name:
	Seed Time:
Tournament Date:	Participant U-FLI Club# Affiliation (If applicable):
Closing Date:	Address:
Oloshig Date.	City:
Entry Fee:	State/Province: Zip/Postal Code:
Host Club:	Phone #:
Check Payable & Mail Payment To:	Email address:
	Dog's Name:
Tournament Director:	U-FLI RUN #:
	Breed:
directors, agents, employees, and the host club assume no re sustained by spectators, exhibitors, or handlers, or to any of the I hereby agree to waive any claim, action, or lawsuit and further	I Flyball League International, Inc. (U-FLI™). U-FLI™, its officers, esponsibility for any loss, accidents, theft, damage, death, or injury

in this event.

I acknowledge that the current U-FLI™ Rules and Regulations have been made available to me, and that I am familiar with their contents. My signature indicates that I understand and agree to the above and to abide by all of the current U-FLI™ Rules and

By signing this document, I acknowledge that I have the authority to sign and accept the conditions contained herein on behalf of myself, my Club, my Team, and any persons who may accompany myself and my club and/or team at this U-FLI™ event. Note: If the participant is under 18 years of age, a parent or guardian must sign.

Signature:	Date:
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