Hmong Association, Inc.

Non-Profit Organization

2450 East Highway 412 Suite C, Siloam Springs, AR72761
Phone: (763) 458-1065
www.hmongarkanssas.org

Sports Registration Form

Please check one: ____Memorial Tournament, ____ New Year Tournament, ____Other
Team Name:_____ Date:_____
Leader/Captain Name:_____ Phone:_____
Email:_____ Cell phone:_____
Address:_____
City_____State_____ZIP_____
Registration Fee Amount:_____; Cash_____; Check _____;Other_____
Type of sport: Soccer_____; Volley ball_____; Flag Foot Ball; Other_____

List of all individual players/members below:

No:	Name:	Age:	Phone:

Applicant (Captain or Coach) Signature_____Date_____
Attention: HAI and the Sports Committee is not responsible for any injuries, property damage, stolen, traffic violations. Play at YOUR OWN RISK. Also by signing on here, you stated that you have received a copy of the Sports Rules & Regulations and agreed to follow it.
Approve by:_____