

30th Annual  
**Eagar Days**  
Eagar, Arizona



**Saturday, August 5, 2017**

**Meet at Football Field  
next to the  
Round Valley High School Dome  
555 N. Butler Street  
Eagar, AZ 85925**

**Games start at 9:00 a.m.**

**Late registration at 8:00 a.m.**

**Divisions:**

**Under 14 Co-ed**

**14 and up females**

**14 and up males**

**7 players per team, 5 on field w/2 subs**

**\$70 per team if signed up before 7/22/2017**

**\$80 for late sign-ups**

**Late sign-ups due by 8:00 a.m. on 8/5/2017  
at Football Field next to Dome.**

**Send Check and registration to:  
RVHS Soccer  
1120 S. Crosby Street,  
Eagar, AZ 85925**

30th Annual  
**Eagar Days** 2017  
Eagar, Arizona

**5 on 5 Soccer Tournament**

Saturday, August 5, 2017

**Registration Form:**

Contestant Name \_\_\_\_\_

Team Name \_\_\_\_\_

Phone # \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

**Total Amount Owed** \_\_\_\_\_

**Minor Child / Adult Liability Waiver**

TOWN OF EAGAR  
22 W. 2<sup>ND</sup> STREET  
P.O. BOX 1300  
EAGAR, AZ 85925

I, the participant, parent or guardian of a minor child,  
name: \_\_\_\_\_

Print Name

do here by fully agree and consent to the participation in any and all events approved by Eagar Days Committee, and in consideration for permitting me or my child to participate as a contestant in such events, I do hereby fully release the Eagar Days Committee, The Town of Eagar, the producers, and other persons, corporations and organizations, in any manner assisting in the sponsorship and production of an Eagar Days approved event from any and all liability for injuries occurring to me or my child in any such event, and we execute this consent and release agreement with full knowledge of the risks inherent in participation in such events and admit that such risks are voluntarily assumed by the contestants and/or their parents. Also, by signing this form you are agreeing to allow the Town of Eagar to use any photos taken of you or your child in this event to be used on the Town's website or for future advertisement.

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
(Signature of Participant, Parent or Guardian)

(Office Use)

**Paid** \_\_\_\_\_ **Date paid** \_\_\_\_\_

For more information email Sandee Tenney:  
stenney@elks.net