Suncoast Senior Oarball Organization Team Entry Form

Team Name:	
Location or Affiliation:	
Point of contact:	Phone:
Email:	
To participate, the team must have two availa	ble venues from which it can host home games.
First Choice Venue	
Venue name:	
Street Address:	
City:	ZIP Code:
Second Choice Venue	
Venue name:	
Street Address:	
City:	ZIP Code:
 2025 season without forfeit or incident The team's identity, logo, and uniform must b such identity is not approved, the entry fee an The team agrees to abide by all IOU regulation The league will have the ability to schedule ad The listed venues are safe for participation. The team and its players release from liability SSOO, other SSOO teams, and other SSOO po of participation or travel related to SSOO events. The team agrees to play every game schedule. The team agrees to pay any fines or fees which or SSOO regulations or unexpected costs involved. 	 Ilars (\$700) to participate in the 2025 season. dollars (\$100) which will be refunded if the team completes the we approved by the League and the International Oarball Union. If d deposit will be returned. ons for senior teams and the SSOO bylaws. dequate events at the listed venues. w the IOU, SSOO, all representatives affiliated with the IOU and blayers for any injury or financial loss which may occur as a result nts. d. the IOU or SSOO as a result of violations of IOU
Printed Name:	Date:
Signature:	