

## 2018 MSCR Kickin' For Inclusion Unified Kickball Tournament

Team Name:	School/Co	mmunity:	
Adult Contact's Name:		Adult Contact Phone #	
Adult Contact's Email:		_Age Category:	Middle / High
Competition Level of gam	e you would like to play	in:	
Competitive	Recreational (circle of	one)	
Names of athletes.			
1		11	
2		12	
3		13	<del></del>
4		14	<del></del>
5		15	<u></u>
6			
7	<del></del>		
8.			<del></del> -
9			
10		20	

Please return this form by May 10<sup>th</sup>, 2018 to: MSCR atten. Ian Hannah or ihannah@madison.k12.wi.us

## MADISON SCHOOL & COMMUNITY RECREATION

3802 Regent Street, Madison, WI 53705-5220 • Phone: 608/204-3000 • Fax: 608/204-0557 www.madison.kl2.wi.us/mscr