



**KORNFEEST SOFTBALL TOURNAMENT**  
**AUGUST 14-16, 2026**  
**ENTRY FORM & TEAM ROSTER**

HOLMEN PARK & REC. DEPT.  
 PO BOX 158, 421 S MAIN ST  
 HOLMEN, WI 54636  
 (608) 526-2152  
 (608) 526-4357 FAX  
 ainglett@holmenwi.gov  
 www.holmenwi.com/holmenpr

NAME OF TEAM: \_\_\_\_\_ DIVISION: MENS A B C

TEAM MANAGER: \_\_\_\_\_ PHONE #: (HOME) \_\_\_\_\_ (CELL) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_ NOTES: \_\_\_\_\_

RATE YOUR TEAM: A (GOOD), B (AVERAGE), C (JUST HAVE FUN), LEAGUE YOU PLAY IN & RECORD: \_\_\_\_\_

OFFICE STAFF ONLY

PAID: \$ \_\_\_\_\_ (\$200 PER TEAM) DATE PAID: \_\_\_\_\_

NAME	ADDRESS, CITY, STATE, ZIP	PHONE (CELL)	SIGNATURE <small>(I agree to the waiver at the bottom of this page)</small>
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**READ CAREFULLY:** As manager/player/representative of the above stated adult softball team, I hereby attest and witness that the above stated members of the team roster have of their own free will elected to participate in this years Holmen KornFest Softball Tournament sponsored by the Holmen Park & Recreation Department. In addition, myself and the above stated members of the team and all persons associated with your team understand that the stated activity, like most physical/athletic activity, has some degree of inherent risk involved. Furthermore, myself and all participants are in good physical condition appropriate for the stated activity and that the above participants must assume full responsibility for personal injury incurred while taking part in the tournament. This also involves going to site/leaving for home during the dates of the tournament. **No Accident insurance is provided through the Village of Holmen.**

SIGNATURE OF TEAM MANAGER/REP.: \_\_\_\_\_ DATE: \_\_\_\_\_