

TEAM REGISTRATION FORM

or older)

Please fax to 905-615-3301 or email info of team/captain and names to
Please note one female
buckochallengecup@gmail.com to confirm spot by May 8, 2009

TEAM NAME / TEAM REPRESENTATIVE

ADDRESS

CITY

POSTAL CODE

DAY PHONE

EVENING PHONE

FAX NUMBER

EMAIL ADDRESS

TEAM ROSTER (each player must be 18 years of age

(Please list all players who will be participating on your team.
player must play at all times and it cannot include the goalie)

1)

2)

3)

4)

5)

6)

7)

8)

PAYMENT METHOD:

9)

Cash in the amount of \$_____

10)

Cheque enclosed in the amount of \$_____

(Please make cheque payable to: CB Ball Hockey Challenge)

11)

12)
