



Registration Form

2201 148TH ST, SURREY, BC, CANADA, V7A 9T5 phone:(604) 531-3220 fax: (604) 531-3242
Mailing Address: Po Box 45570 Sunnyside Mall, Surrey BC V4A 9N3

2010 HALLOWEEN HOWL "SKINS" TOURNAMENT

TOURNAMENT DATES: OCTOBER 29-31, 2010

REGISTRATION DEADLINE: OCTOBER 22, 2010

TOURNAMENT FORMAT: CO-ED 6 & 4 DIVISION

TOURNAMENT FEES: \$300.00

TO ENSURE YOUR TEAMS ENTRY A \$100.00 DEPOSIT MUST BE PAID UPON REGISTRATION

Team Name: _____

Contact Person: _____

Mail address: _____

City: _____

Prov/State: _____

Postal/Zip: _____ - _____

Home Phone: (_____) - _____ - _____

Work: (_____) - _____ - _____

Pager/Cell: (_____) - _____ - _____

Email address _____

Second Contact: _____

Phone: (_____) - _____ - _____ Email: _____

Out of town teams will not play on Friday night

For Hotel information please visit our website at www.softballcity.bc.ca

PAYMENT METHOD

[Please note: Teams MUST BE paid "in full" before they are entered into the Tournament Draw]

Cash Cheque Credit Card: MC VISA AMEX

Card #: _____ - _____ - _____ - _____ Exp Date: _____ - _____

Card Holders Full Name: _____

PAYMENT RECORD:

Deposit Amount: _____ Date Paid: _____ - _____ - _____ Balance Owing: _____

Balance Amount _____ Paid: _____ Date: _____ - _____ - _____