



# Registration Form

2201 148<sup>TH</sup> 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

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## 2010 SEPTEMBER SHOWDOWN

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**TOURNAMENT DATES:** SEPTEMBER 10-12, 2010

**REGISTRATION DEADLINE:** SEPTEMBER 3, 2010

**TOURNAMENT FORMAT:** COED 6&4

**TOURNAMENT FEES:** COED \$275.00

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

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Team Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Mail address: \_\_\_\_\_

City: \_\_\_\_\_

Prov/State: \_\_\_\_\_

Postal/Zip: \_\_\_\_\_ - \_\_\_\_\_

Home Phone: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Work: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Pager/Cell: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Email address \_\_\_\_\_

Second Contact: \_\_\_\_\_

Phone: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

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Out of town teams will not play on Friday night

For Hotel information please visit our website at [www.softballcity.bc.ca](http://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: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_