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

2012 CORONA CLASSIC TOURNAMENT

TOURNAMENT DATES: MAY 4 – 6, 2012

REGISTRATION DEADLINE: APRIL 27, 2012

TOURNAMENT FORMAT: COED 7 & 3

TOURNAMENT FEE: $250.00 CDN

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:**_____

OFFICE USE ONLY

Out of town teams will not be given Friday night Games

Hotel Name: _____

Number of Rooms: _____ **Number of Nights:** _____

PAYMENT METHOD

[Please note: Teams MUST BE paid "in full" before they are entered into League 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:_____-_____-_____