

TEAM REGISTRATION FORM



This form must be completed and included as part of your team registration package.

FAX TO: 905-685-5205 ATTENTION: Norma Linkiewicz, Region of Niagara

When completing the form please print in capital letters using ink.

TEAM NAME			
CONTACT PERSON (COACH)	Name: _____ T-Shirt Size: _____		
	Employer: _____		
	Address: _____		
	City: _____ Province: _____ Postal Code: _____		
	Phone (Work): _____ Fax (Work): _____		
	E-Mail: _____		
TEAM MEMBERS	1	Name: _____ T-Shirt Size: _____	
		Employer: _____	
		Address: _____	
		City: _____ Province: _____ Postal Code: _____	
		Phone (Work): _____ Fax (Work): _____	
		E-Mail: _____	
		2	Name: _____ T-Shirt Size: _____
		Employer: _____	
		Address: _____	
		City: _____ Province: _____ Postal Code: _____	
		Phone (Work): _____ Fax (Work): _____	
		E-Mail: _____	
		3	Name: _____ T-Shirt Size: _____
		Employer: _____	
		Address: _____	
		City: _____ Province: _____ Postal Code: _____	
		Phone (Work): _____ Fax (Work): _____	
		E-Mail: _____	
		4	Name: _____ T-Shirt Size: _____
		Employer: _____	
		Address: _____	
		City: _____ Province: _____ Postal Code: _____	

		Phone (Work):	Fax (Work):
		E-Mail:	