



CAROL STREAM PARK DISTRICT ADULT SPORTS TEAM REGISTRATION
 ADULT EARLY BIRD SOFTBALL TOURNAMENT– SUNDAY, APRIL 29

TEAM REGISTRATION FORM

TEAM NAME _____

TOURNAMENT

Softball Tournament **Code: 27897** **\$250/team**

TEAM CAPTAIN	
NAME	_____
HOME ADDRESS:	_____
TOWN/ZIP:	_____
TELEPHONE	(H) _____ (C): _____
EMAIL ADDRESS	_____
ASSISTANT CAPTAIN	
NAME	_____
HOME ADDRESS:	_____
TOWN/ZIP:	_____
TELEPHONE	(H) _____ (C): _____
EMAIL ADDRESS	_____
REGISTRATION PAYMENT	
PAYMENT TYPE:	Check # _____ Cash _____
	Credit Card Type _____ Expiration Date _____
	Card Number _____

Please complete and return this information form along with fees no later than Monday, April 23. Teams will be taken on a first-come, first-served basis.

