



CAROL STREAM PARK DISTRICT ADULT SPORTS TEAM REGISTRATION
ADULT SPRING SMASH FLAG FOOTBALL TOURNAMENT- MARCH 30 – APRIL 1

TEAM REGISTRATION FORM

TEAM NAME _____

TOURNAMENT

Flag Football Tournament **Code: 28397** **\$300/team**

TEAM CAPTAIN

NAME _____
 HOME ADDRESS: _____
 TOWN/ZIP: _____
 TELEPHONE (H) _____ (C): _____
 EMAIL ADDRESS _____
 TEAM COLOR: _____

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, March 26. Teams will be taken on a first-come, first-served basis.

