



CAROL STREAM PARK DISTRICT ADULT SPORTS TEAM REGISTRATION
 ADULT 3 ON 3 BASKETBALL TOURNAMENT– SUNDAY, APRIL 29

TEAM REGISTRATION FORM

TEAM NAME _____

TOURNAMENT

3 on 3 Tournament Code: 28468 \$40/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.

