



Sunday, Feb 3

Entry Fee *(fee is per team)*

Team (\$40) - 15881

**Registration Deadline**

Monday, January 28

*(Return this form along with fees. Teams are taken on a first-come, first-served basis.)*

**Return Registration with Fee to:**

Carol Stream Park District  
 Attention: Greg Frieders  
 849 W. Lies Road  
 Carol Stream, IL 60188

**Tournament Contact**

Greg Frieders,  
 630-784-6133, gregoryf@csparks.org

Team Name \_\_\_\_\_

Team Captain \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Add'l Phone \_\_\_\_\_

Email \_\_\_\_\_ Birth Date \_\_\_\_\_

Assistant Captain \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Add'l Phone \_\_\_\_\_

Email \_\_\_\_\_ Birth Date \_\_\_\_\_

To maintain your financial safety, do not write your credit card number on this form. If this form is submitted by mail, the Registration Team will contact you to process your credit card transaction. This registration is not complete until full payment is received.

Cash

Credit Card  
*Call if paying by credit card.*

Check enclosed  
*Payable to Carol Stream Park District.*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

How did you hear about this activity? \_\_\_\_\_

Why did you choose this activity? \_\_\_\_\_

INTERNAL USE ONLY

\_\_\_\_\_  
 STAFF INITIAL

\_\_\_\_\_  
 DATE