

Entry Fee *(fee is per team)*

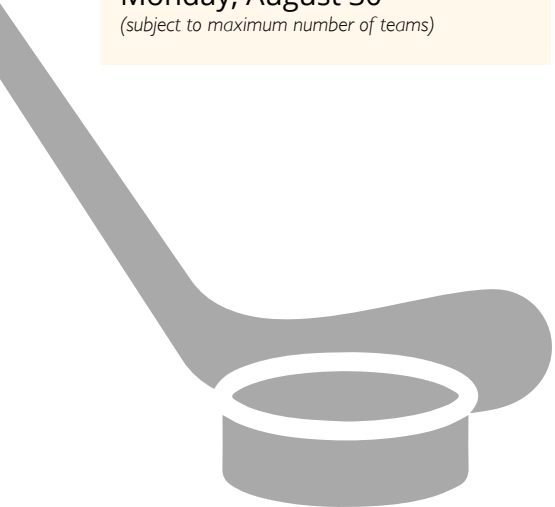
**Competitive**

**Tuesday** - \$450 - 23036

**Registration Deadline**

**Monday, August 30**

*(subject to maximum number of teams)*



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

Team Color \_\_\_\_\_

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 \_\_\_\_\_

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

**Return Registration with Fee to:**

*Carol Stream Park District  
Attention: Alex Moran  
849 W. Lies Road  
Carol Stream, IL 60188*

**League Contact**

*Anthony Kenny  
630-784-6135, anthonyk@csparks.org*

**Leagues Start**

*September 7*

**Game Location**

*Evergreen Elementary School*

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*

**INTERNAL USE ONLY**

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

**RETURN BY EMAIL: ANTHONYK@CSPARKS.ORG**  
**RETURN BY MAIL: CAROL STREAM PARK DISTRICT 849 W. LIES RD. CAROL STREAM, IL 60188**