



**October 23-24**

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

Division \_\_\_\_\_

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 \_\_\_\_\_

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

**Entry Fee** (fee is per team)

**Men's 12"** (\$310) - 22861

**Registration Deadline**

**Monday, October 18**

*(Return this form along with fees. Teams will be 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*

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