



SAT, DEC 11

Entry Fee (fee is per team)

3 on 3 (\$40) - 22864

Registration Deadline

Monday, December 6

(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 \_\_\_\_\_

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

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