

**Entry Fee** *(fee is per team)*
**Competitive Co-ed**

- Monday** (\$475) - 23617
- Friday** (\$475) - 23616
- Sunday** (\$500) - 23618

**Intermediate Co-ed**

- Friday** (\$475) - 23616

**Recreational Co-ed**

- Monday** (\$475) - 23617
- Friday** (\$475) - 23616

**Registration Deadline**
**Monday, January 10**
*(subject to maximum number of teams)*

 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? \_\_\_\_\_

**Return Registration with Fee to:**
*Carol Stream Park District  
 Attention: Anthony Kenny  
 849 W. Lies Road  
 Carol Stream, IL 60188*
**League Contact**
*Anthony Kenny  
 630-784-6135, anthonyk@csparks.org*
**Roster Information**
*All players must sign online wavier to be able to participate in the league. Wavier information will be sent to the captains prior to the start of the league.*
**Leagues Start**
*Friday - January 14  
 Monday - January 17  
 Sunday - January 23*

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