

Entry Fee *(fee is per team)*

**Competitive**

**Tuesday** (\$500) - 25907

**Registration Deadline**

**Monday, January 9**  
*(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 \_\_\_\_\_ 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**

*January 17*

INTERNAL USE ONLY

STAFF INITIAL

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

**RETURN BY EMAIL: ANTHONYK@CSPARKS.ORG**

**RETURN BY MAIL: CAROL STREAM PARK DISTRICT 849 W. LIES RD. CAROL STREAM, IL 60188**