

Woodridge President's Day Shootout

February 18, 2019
Team Registration Form

- 6th Grade Boys 7th Grade Boys 8th Grade Boys
 6th Grade Girls 7th Grade Girls 8th Grade Girls

Rate your team: B+ B B- C+ C C-

Team Information

Team Name _____

Head Coach's Name/Contact _____

Address _____ City _____ State _____ Zip _____

Home Phone Number _____ Fax Number _____

Cell Number _____ Email Address* _____

*** Majority of communication will be done via email.**

Payment Information

The tournament fee is \$200 and must accompany your application. Entry fees are nonrefundable once your team has been accepted into the tournament.

Check No. _____ Amount \$ _____

Credit Card Type (please check): Visa MasterCard

Card Number _____ Exp. _____ / _____
Mo. Yr.

Cardholder's Name (Please Print) _____

Signature _____

Return this form and payment to:

Woodridge Park District
Attn: Brad Keene
8201 S. Janes Ave.
Woodridge, IL 60517

If paying by credit card, registration may be sent by fax to 630.353.3409.

