

REGISTRATION FORM

Please Note: We do require complete names and mailing addresses to issue tax receipts – please check off business or personal for tax purpose.

Tax rec't: (check one) Personal Business

Team Entry: Men Ladies Mixed Single Entry (will be placed on a team)

Team Name: _____

Player #1:

Name/Company: _____

Address: _____

Tel: _____

Email: _____

Player #2:

Name/Company: _____

Address: _____

Tel: _____

Email: _____

Player #3:

Name/Company: _____

Address: _____

Tel: _____

Email: _____

Player #4:

Name/Company: _____

Address: _____

Tel: _____

Email: _____

Please advise any dietary restrictions.

**PLEASE MAKE CHEQUES PAYABLE TO "Community Living Brant"
366 Dalhousie Street, Brantford, ON N3S 3W2**

Total Amount Enclosed: \$ _____ Cheque Visa MasterCard

Cardholder Name: _____

Card Number: _____ Expiry Date: _____

Signature: _____