

TEAM REGISTRATION

CONTACT INFORMATION

Team Name

Company

Address

City

Postal Code

E-mail

Phone



PLAYERS

**PLAYER 1
Name**

E-mail

**PLAYER 2
Name**

E-mail

**PLAYER 3
Name**

E-mail

**PLAYER 4
Name**

E-mail

**PLAYER 5
Name**

E-mail

PAYMENT INFORMATION

Cheque (please make payable to LDANS)

Credit Card (Only Visa accepted)

Visa #

Exp. Date:

Name on Card