



2010 Tournament 3 Man Team Sign Up

Team Name: _____

Captain Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

<input type="checkbox"/> May 1 st 2010 Open
<input type="checkbox"/> July 17 th 2010 Young Guns
<input type="checkbox"/> Sept 18 th 2010 Rookie Only

Roster:
1.
2.
3.
4.
5.

- Cash
- Credit Card

CC#:

Exp. Date: _____ CV Code: _____

Name as it appears on card:

Billing Address:

Office Use Only: Amount paid: _____ Date paid: _____
--

517.819.9351 - WWW.CHAOSPAINBALLFIELDS.COM

Form may be faxed to 517.332.3532 with payment information