

**Community Cup 2009
 REGISTRATION**

Name: _____ Phone: _____

Email: _____ Gender: M / F Age: _____

Team Registration: (please complete if you are registering a team)

Team name: _____

PLAYER NAME	PHONE	E-MAIL	GENDER	AGE
1				
2				
3				
4				
5				
6				
7				
8				

Please send the completed form to Dora by Fax: 613-232-3660 or Mail: (see address below)
 Note: Team spots will not be reserved until paid in full

Method of Payment Form:

Mail to:

**Dora Cardenas
 Catholic Immigration Centre
 219 Argyle Ave., Suite 500
 Ottawa ON K2P 2H4**

- Here is my **TEAM** registration payment of \$ 50.00 (early registration)
 - Here is my **TEAM** registration payment of \$ 80.00 (after June 5th, 2009)
 - Here is my **INDIVIDUAL** registration payment of \$ 8.00 (early registration)
 - Here is my **INDIVIDUAL** registration payment of \$ 10.00 (after June 5th, 2009)
- ^ Please mark your payment choice

Please fill in, print clearly, and send to the above address with all registration forms.

Name: _____

Team Name: _____

Street: _____

City/Prov/Code: _____

Telephone/E-mail: _____

- My cheque/money order is enclosed: Payable to the Catholic Immigration Centre.
- I prefer to use my Visa , Mastercard , AMEX

Name: _____

Card Number: _____

Expiry Date: _____

Signature: _____