

# TADA Winter registration

Division requested: \_\_\_\_\_  
(Based on 6 divisions)

TEAM NAME: \_\_\_\_\_

ESTABLISHMENT: \_\_\_\_\_

Establishment Address/Phone: \_\_\_\_\_

Captains Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Captains Phone: H: \_\_\_\_\_

Cell: \_\_\_\_\_

Please note the phone number that you would like to appear on the schedules

## Team member names:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**THIS FORM MUST BE TURNED IN TO THE SECRETARY/TREASURER NO LATER THAN AUGUST 31, 2010. For questions, please contact Linda Bender at [crb64@juno.com](mailto:crb64@juno.com) or 631-5998. PLEASE NOTE THAT ONLY (!!) THE PLAYERS NAMES THAT ARE ON THIS SHEET WILL BE ALLOWED TO PLAY ON THE 1<sup>ST</sup> NIGHT.**