



## POND HOCKEY TOURNAMENT TEAM REGISTRATION FORM

(one per team)

Team Information							
Team Name:							
Team Leader:							
Preferred Division (please indicate by marking an "X"):	Competitive Division:		Recreational Division:				
	Player 1	Player 2	Player 3	Player 4	Player 5		
Name:							
Address:							
City/Town:							
Province:							
Postal Code:							
Phone:							
Other Phone:							
Email*:							
Medicare:							
Date of Birth:							
*Emails are required for confirmation notice, game schedule, and important announcements							
Payment Information							
Team fees \$25/team member. \$100 for 4 player team or \$125 for 5 player team							
Deposit enclosed (must be at least \$25)		Balance of fees must be paid upon arrival by either VISA, Mastercard, debit, cash, or money order					
Payment type for deposit (please indicate by marking an "X")	Cheque		Money Order		VISA		Mastercard
Credit Card Information – only applicable if deposit by credit card							
Please charge to my credit card:	\$	Credit Card #				Exp. Date:	
Name of Cardholder:							
Cardholder signature:							

### REGISTRATION OPTIONS:

**Mail:**

Camp Tulakadik  
 PO Box 367  
 Norton, NB E5T 1J7

**Fax:**

(506) 839-2461

**THANK YOU FOR CHOOSING  
 CAMP TULAKADIK**