



Teams will not be registered without payment.

Team Name: _____

Age Category: _____

Coach/Manager: _____

Sport: _____

Contact #/Email: _____



CASH: Must be paid by May 10th, 2019 at the Band Office with A/R (Mon.-Fri. 8 a.m. -4 p.m.)

CERTIFIED CHEQUE: Must be received by May 10, 2019

SPONSOR ISSUED CHEQUE (personal cheques will NOT be accepted): Include a photocopy of cheque/stub

DIRECT DEPOSIT: Copy of Direct Deposit slip from Bank. Attention to: Charlene Point. Clearly identify the team name

Bank: **Bank of Montreal**
Transit: **0705 Account #: 1057-527**

E-TRANSFER: Must be sent from Coach/Manager mentioned above.
Email: **etransfer@seabirdisland.ca**
Password: **Seabird50**
Message/Memo: **Your Team Name/Age Category** (Eg. Seabird Braves/U16)

CREDIT CARD PAYMENT: Fill out information below.

CREDIT CARD AUTHORIZATION

I _____, hereby authorize Seabird Island Band to charge my credit card for _____ ENTRY FEES:
Not to exceed the amount shown.

AMOUNT \$ _____ CDN

CREDIT CARD TYPE: MASTERCARD VISA AMEX

CREDIT CARD # _____

CV2# (last 3 digits on the back of the card) _____

EXPIRATION DATE: _____

BILLING ADDRESS: _____

CITY/POSTAL CODE: _____

NAME ON CARD: _____

Category	Entry Fee
Men's Ball Hockey	\$350. ⁰⁰
Women's Ball Hockey	\$350. ⁰⁰
Baseball	\$350. ⁰⁰
Men's Soccer	\$350. ⁰⁰
Women's Soccer	\$350. ⁰⁰
16U Soccer	\$350. ⁰⁰
13U Soccer	\$200. ⁰⁰
10U Soccer	\$200. ⁰⁰
7U Soccer	\$150. ⁰⁰
5U Soccer	\$ 50. ⁰⁰
Food Vendor	\$350. ⁰⁰
Retail Vendor	\$175. ⁰⁰

Signature: _____

Date: _____