



Registration Form - Team Information

Team Name: _____

Team Color: _____

Alternate Color: _____

First Nation: _____

Category

Adult Soccer	Youth Soccer	Ball Hockey	Co-ed Softball
Men's - \$500. ⁰⁰ Women's - \$350. ⁰⁰	16 & Under - \$300. ⁰⁰ 13 & Under - \$300. ⁰⁰ 10 & Under - \$200. ⁰⁰ 7 & Under - \$200. ⁰⁰ 5 & Under - \$100. ⁰⁰	Men's - \$500. ⁰⁰ Women's - \$350. ⁰⁰	3-Pitch - \$350. ⁰⁰

Contact Information

Main contact name: _____ Phone: _____

Cell: _____ Other: _____

Email: _____

Mailing Address: _____

City: _____ Province: _____ Postal code: _____

Payment Information

PAYMENT MUST BE RECEIVED BEFORE MAY 15, 2020 4PM. NO PAYMENT, NO GAME TIME.

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

CERTIFIED CHEQUE: Must be received by May 15, 2020

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**
Memo: Age/Category/Team Name (Eg. Mens Soccer Seabird Braves)

E-TRANSFER: Must be sent from Coach/Manager mentioned above.
Email: etransfer@seabirdisland.ca
Password: **Seabird20**
Message/Memo: **Your Team Name/Age Category** (Eg. Seabird Braves/U16)

CREDIT CARD PAYMENT: Fill out form on next page



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: _____

Signature: _____

Date: _____