



Team / Vendor Name: \_\_\_\_\_

## Contact Information

Main contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

## Category (Check all that apply)

Adult	Youth Soccer	Vendors
<i>(Top 3 Cash Prize, pending number of teams entered)</i>		
Men's Soccer - \$500.00	16 & Under - \$350.00	Kitchen Vendor - \$700.00
Women's Soccer - \$350.00	13 & Under - \$350.00	Food Vendor - \$350.00
Co-ed 3-Pitch - \$350.00	10 & Under - \$350.00	Retail Vendor - \$175.00
	7 & Under - \$250.00	Non-Profit - \$100.00
	5 & Under - \$100.00	Additional 10x10 Lot - \$100.00

## Payment Information

**PAYMENT MUST BE RECEIVED BEFORE MAY 10, 2024 4 PM - NO PAYMENT, NO GAME TIME.**

**CASH:** Must be paid at the Band Office with A/R (Monday - Friday 8 AM - 4 PM)

**CERTIFIED CHEQUE:** Must be received by May 10, 2024

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

**DIRECT DEPOSIT:** Send a copy of Direct Deposit slip from Bank. Clearly identify the team name.

Bank: **Bank of Montreal**  
Transit: **0705** Account #: **1057-527**  
Memo: Age/Category/Team Name  
(Example: Mens Soccer Seabird Braves)

**E-TRANSFER:** Must be sent from Coach/Manager mentioned above.

Email: **e-transfer@seabirdisland.ca**  
Password: **Festival**  
Message/Memo: **Your Team Name/Age Category**  
(Example: 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: \_\_\_\_\_