

Pleasant Dale Park District

Adult Wiffleball Tournament 2018

Team Name: _____

Team Captain _____

(Captain is also considered team contact)

Contact Information

Address: _____

City: _____

Zip: _____ Email: _____

(Please list a valid email-updates/schedules are delivered via email)

Primary Phone: _____ Secondary Phone: _____

Team Rate (51% of your team must be resident to receive resident rate) Circle one: Resident Non-Resident

Payment Information

Code Number: 38203

Fee: \$70 Resident Team (51% of your team must be Pleasant Dale Park District residents)

\$99 Non-Resident Team

Deadline for registration is May 12th

Method of Payment: Circle one Cash Discover Visa MasterCard Check# _____

Card # _____ Expiration Date: _____

Name of Card Holder: _____ Total Enclosed: _____

For Office Use Only

Date & Time Received
/ / :
Batch: