

# **REGISTRATION FORM**

Release forms and a full copy of the rules will be sent to the Captain upon receipt of payment. Payment must be received by **Friday, June 27<sup>th</sup>**. Payment can be made by check or credit card. Please make checks payable to Cerebral Palsy of North Jersey.

**TEAM NAME** \_\_\_\_\_

**PREFERENCE\***    Flag                       Two-Hand Touch

**CAPTAIN NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_                      **STATE** \_\_\_\_\_                      **ZIP** \_\_\_\_\_

**DAYTIME PHONE** \_\_\_\_\_

**FAX** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

**BACK-UP CONTACT\*\*** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_                      **STATE** \_\_\_\_\_                      **ZIP** \_\_\_\_\_

**DAYTIME PHONE** \_\_\_\_\_

**FAX** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

\*A non-refundable deposit of \$250 will hold your spot until **June 27<sup>th</sup>**.

\*\*The Aubrey Lewis Football Classic Committee will make the final determination of which teams should be in which division.

\*\*\*In the event that we need to reach someone about an urgent matter and cannot reach the Captain, we will reach out to the Back-up Contact.