



TAYLOR CUP TEAM REGISTRATION FORM

Team Name	
Team Fundraising Goal	
I am	<input type="checkbox"/> The Team Captain <input type="checkbox"/> A Player
Name:	
Address	
City, Province	
Postal Code	
Phone Number	
Email Address	

Please fill out & mail to:

Keith Clarke
TAYLOR CUP
The Princess Margaret
Hospital Foundation
610 University Avenue
Toronto, ON. M5G 2M9



The Princess Margaret
 Hospital Foundation

Payment Information (Team Captains Only)

Registration Fee: \$400 (\$275 before August 16 th)			
Credit Card Type:	<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express
Credit Card #:			
Expiry Date:			
Cardholder's Name:			

THANK YOU FOR SUPPORTING THE TAYLOR CUP POND HOCKEY CHAMPIONSHIP! PLEASE MAKE SURE THAT YOU SUBMIT BOTH THE REGISTRATION FORM AND THE SIGNED WAIVER. SEE YOU IN JANUARY!