



Haiti HOOPla 2010 REGISTRATION FORM:

Team Name: _____
Coach: _____ Phone: _____ email: _____
Number of players participating: # _____ (Maximum 10 players so we can accommodate as many Teams as possible)
Volunteer: * _____ Phone: _____ email: _____

*** we need one volunteer per team to help with skills stations (1/2 hour commitment only)**

Amount due: \$20 X # of players = _____

Cheque payable to: Winnipeg Wizards Basketball Club
Mail: 46 Pately Crescent , Wpg.Mb. R2N 2T7

For Drop off or Cash payments: please call Karen 256-3307

We are very sorry but space is limited.

Registrations with full payment receive priority.

Confirmation of your Team Registration will be emailed with Event Schedule and Scrimmage details.

Thank you for your support as we raise funds together for a good cause!

Wizards Staff Use ONLY:

Registration completed: Yes, No

Payment received: Yes, No signed _____

Team registered: Date: _____, signed _____

Coach informed of registration via email (date _____)