



Team Registration Form

TEAM NAME: _____

1.) Team Captain _____ Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Work or Cell Phone: _____

2.) Name: _____ Address: _____
City: _____ State: _____ Zip Code: _____

3.) Name: _____ Address: _____
City: _____ State: _____ Zip Code: _____

4.) Name: _____ Address: _____
City: _____ State: _____ Zip Code: _____

Alternate Name: _____ Address: _____
City: _____ State: _____ Zip Code: _____

**** A TEAM MAY CONSIST OF 4 PLAYERS AND 1 ALTERNATE****

POWER

Entrance Fee:
\$250 per Team

(Late Reg. after 7/18: \$280)

- Men's: Play Sat. 8/2
- Women's: Play Sat. 8/2
- CoEd: Play Sun. 8/3
*Requires 2 men & women

COMPETITIVE A

Entrance Fee:
\$175 per Team

(Late Reg. after 7/18: \$205)

- Men's: Play Sat. 8/2
- Women's: Play Sat. 8/2
- CoEd: Play Sun. 8/3
*Requires 2 men & women

COMPETITIVE B

Entrance Fee:
\$150 per Team

(Late Reg. after 7/18: \$180)

- Men's: Play Sat. 8/2
- Women's: Play Sat. 8/2
- CoEd: Play Sun. 8/3
*Requires 2 men & women

RECREATIONAL

Entrance Fee:
\$125 per Team

(Late Reg. after 7/18: \$155)

- Men's: Play Sat. 8/2
- Women's: Play Sat. 8/2
- CoEd: Play Sun. 8/3
*Requires 2 men & women

Payment must be received at time of Registration

Checks should be made payable to: PROSPECT FOUNDATION
Prospect Child & Family Center
133 Aviation Road, Queensbury, NY 12804
(518) 798-0170; email: prospectfound@aol.com

Please bill My: M/C or Visa Card # _____ Exp. Date: _____

CANCELLATIONS AFTER JULY 18, 2008 WILL RECEIVE A 50% REFUND

Office Use Only

- Confirmation Letter
- Parking Pass

Payment Type _____

Team Number _____