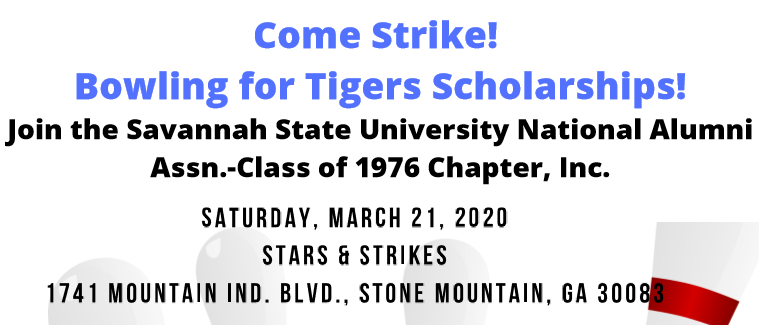
Mail-In Registration Form



## **Player Registration**

|  |
| --- |
| **Name of Player 1 (Main Contact) Alum Chapter?** |
| **Name of Player 2 Alumni Chapter?** |
| **Mailing Address** |
| **Phone #** |
| **Email Address** |
| **Division: Player 1\_\_\_\_Female \_\_\_\_Male**  **Player 2: \_\_\_Female \_\_\_\_Male** |
| **Total Enclosed: $** |



|  |
| --- |
| **Sponsorship Level (See above)** |
| **Donation ( Any amount)** |
| **Name/Authorizing Person** |
| **Company or Organization** |
| **Mailing Address** |
| **Phone** |
| **Email:** |
| **Business Website:** |
| **Alumnus\_\_\_\_\_ Yes Name of Chapter\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ No** |

****

