



TEAM REGISTRATION SANTA CLARITA VALLEY

of Sites Requested

Team Name: _____

Captain Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ Phone: _____

Check All That Apply Returning Team New Team Youth Team
 Corporation Faith Based Small Business School Hospital/Medical Family/Friends Other

If this Team is a Business or Organization, please fill out below

Name: _____

Business Address _____

City: _____ State: _____ Zip: _____

Phone: _____

RFL Accounting Only

of Sites Purchased: _____

Amount Paid: _____

Method of Payment: _____

Date Money Received: _____

Received By: _____

RFL Accounting Only

of Add'l Sites Purchased: _____

Amount Paid: _____

Method of Payment: _____

Date Money Received: _____

Received By: _____