



Women's Tournament April 6-7, 2019

- ▶ **TO REGISTER** fill out the form completely and email to:
- ▶ Email a scan/photo of your Team registration to theTown of Cochrane as follows:
Email - Debbie Heinz, debbie.heinz@cochrane.ca.
In Person - FCSS (Family Community Support Services), 209-2 Ave W, Cochrane, AB, T4C 2E7, Hours: 8:30 am - 4:30 pm Weekdays.
Payment Methods: VISA / Mastercard. (If paying in person at the FCSS office, cash,cheque,debit options)
- ▶ Registration confirmation will be emailed to you. Team packages will go out starting in March 2019.
Questions regarding the tournament? - Co-ordinator, Angela Christ, volleyball@cochrane.ca. Cell - (403)703-8801.
 Tournament website - www.cochranevolleyball.net. Email - volleyball@cochrane.ca. Get updates, schedules and more.

PRIMARY CONTACT / REGISTRANT		
Name	Street	Town/City, Province, Postal Code
Email:	Tel Hm:	Cell:

TEAM REGISTRATION			
Team Name:	Register	Women's Tournament	Competitive Preference v
Have you participated before ? Yes / No , If yes team name -	To:	Women's Tournament	Recreational Preference v
Are you a team currently registered in the Cochrane Women's Volleyball League? If Yes team name -			
<i>Teams from Cochrane League must have 4 players from their league roster playing on court to qualify for the league tournament fee.</i>			
<i>Teams will be seeded considering a teams past years tournament results and mixing local and out of town teams based on best available information.</i>			
<i>Fill out your contact information for the tournament weekend below. Tournament co-ordinator will use this information for team communication.</i>			
Captain 1 Name/Email:			Cell:
Captain 2 Name/Email:			Cell:

PAYMENT AUTHORIZATION		
Payment Method (check box)		
Visa <input type="checkbox"/> MC <input type="checkbox"/> Debit <input type="checkbox"/> Cash/Chq <input type="checkbox"/> (Cash/Cheque/Debit) paid in person at the FCSS office in Cochrane during business hours		
Credit Card #	Expiry Date: /	3 Digit Code: () Team Fee: \$285+ Gst = \$299.25 **
Cardholders Name as it appears on the Card: _____		* Cardholder Sig: _____
- I hereby authorize the Town of Cochrane to charge my credit card for Cochrane Volleyball 2019 Women's Tournament Registration.		
** Teams registered to Cochrane Women's Volleyball League have a preferred fee. Please be sure to fill in the team registration info completely.		
Office Use Only: FCSS Registration/Payment Complete <input type="checkbox"/> Client confirmation sent <input type="checkbox"/> Team Package Sent <input type="checkbox"/>		
Notes:		