



CSB Athletics Centre
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Tournament Registration Form

Date: _____

Tournament : _____

Circle : Boys / Girls

Age : U13 / U15 / High School / Open

U13 Born 2005 or Younger

U15 Born 2003 or Younger

1. Team Name : _____

2. Head Coach Name : _____

Telephone : _____

Address : _____ Postal Code : _____

Email Address : _____

3. Second Contact Name : _____

Telephone : _____

Email Address : _____

4. Payment : Circle : CASH / MASTERCARD / VISA / DEBIT / CHQ

Name On Card : _____

Card Number: _____

Expiration Date : _____ Security Code (3 Digits on the back) _____