6th Annual Kitamaat Basketball Tournament April 9-11, 2010
Registration Form

Email: kitimatchamber@telus.net **website:** www.kitimatbasketball.com

Community:	
Team Name:	
Team Colours:	
Coach:	
Assistant:	
Trainer:	
Ph:	
Fax:	
Address:	
Contact:	

Players:

Name:		Position

Send To:
C/O Kitimat Chamber of Commerce
Attention: Kitimat Basketball Committee
2109 Forest Avenue, PO Box 214
Kitimat, British Columbia, Canada V8C 2G7
Ph: 1-800-664-6554 or 250-632-6294
Fax: 250-632-4685

Payments are only being excepted through the Kitimat Chamber of Commerce. All Teams are responsible to ensure their fees are paid through the Chamber prior to the start of their first game.

Payment Options:

Visa/M.C card number: _____ Expiry date:_____

Amount: _____

Name on Card: _____

Receipt Number:_____

Cash amount: _____

Cheque amount:_____ Cheque Number:_____

***Please refer to team information link on the web site for further details and important dates.**