

3rd Annual Champions Trophy Vallamkali

hosted by
Malayalee Association of Central Florida, Inc (Tampa)

Registration Form Registration Deadline – November 1, 2010

Team Name: _____

Name of Team Manager: _____

Name & Address of Captain: _____

Telephone: (Home/Work) _____ (Cell) _____ Best time to call in EST: _____

Email addresses: _____ , _____

Fax Number: _____

Color of T-shirt / Uniform: _____

Team City: _____ Team Sponsor (if any) _____

Check or Money Order # _____ (\$250 per team. maximum of 25, minimum of 16 members/team) payable to Malayalee Association of Central Florida(MACF) and mail to:

T. Unnikrishnan
1315 Loretto Cir
Odessa, FL 33556

call 813-334-0123 or 813-719-0303 with any questions.

I/we hereby acknowledge and understand the rules and regulations of Champions Trophy Vallamkali set forth by MACF and we agree to abide them.

Signature of the Captain: _____ Date: ___/___/2010

For MACF Official use only

Paid by: Cash Check (check # _____) other

Amount: \$ _____

Eligibility Verified by: _____

Signature: _____ Date: ___/___/2010