

2008 GLEN ELLYN SUMMER CLASSIC

Age Group: (check one)

13 & under _____
July 17 - 20

14 & under _____
July 10 - 13

TEAM INFORMATION

Team Name: _____

Team Colors: Jersey _____ Pants _____

Sponsored By: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ E-mail: _____

TEAM MANAGER INFORMATION

Team Manager: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ E-mail: _____

TOURNAMENT FEE: \$400.00

If paying by check, make payable to: GLEN ELLYN PARK DISTRICT

Check One: VISA _____ MasterCard _____ Check _____

Credit Card Number: - - -

Card Expires (include month & year) - Amount: _____

Signature of Card Holder: _____ Date: _____

Mail payment & completed application form to:

(Faxes will not be accepted)

Glen Ellyn Park District
Attn: Dan Kroger
185 Spring Avenue
Glen Ellyn, IL 60137