

Corporate Team Registration Form



Team Captain Name: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email (required): _____

Gender: _____ Date of Birth: _____ T-shirt Size: _____

Emergency Contact: _____ Phone: _____

Team Information

Team Name: _____

Divisions – please choose one

- ☐ Recreational (Less experience, or competitive experience was in a different decade)
- ☐ Competitive (Experience in organized competitive flag football league or tournament)

Payment

I agree to the \$5,000 corporate team registration fee and agree to finalizing payment 30 days from event.

Credit Card Payment

Credit Card #: _____ Exp. _____

Signature: _____

- ☐ I would like to pay in full (\$5,000)
- ☐ I would like to pay in 2 equal installments. Final payment due 30 days prior to event.
- ☐ I would like to pay in 4 equal installments. Final payment due 30 days prior to event.

Check Payment

- ☐ \$5,000 check payable to CCFA is enclosed

Please return to CCFA Northwest and Jennifer Simmons O'Connor at joconnor@ccfa.org. Or mail to 9 Lake Bellevue Drive, Suite 203 · Bellevue, WA 98005.