**TEAM REGISTRATION FORM**

**Team Name:**

**Company / Organization:**

**Team Contact:**

|  |  |
| --- | --- |
| **TEAM ROSTER (4-6 Players)** | |
| **Player Name (First and Last Name)** | **Email** |
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The team registration deadline is **Friday April 22, 2016**. A $750 registration fee per team is payable to:

**Wheelchair Basketball Canada**  
6 Antares Drive, Phase 1, Unit 8  
Ottawa, Ontario, K2E 8A9

Please email your completed registration form to Cori Droogh at [cdroogh@wheelchairbasketball.ca](mailto:cdroogh@wheelchairbasketball.ca).