**TEAM REGISTRATION FORM**

**Team Name:**

**Company / Organization:**

**Team Contact:**

|  |
| --- |
| **TEAM ROSTER (4-6 Players)** |
| **Player Name (First and Last Name)** | **Email** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

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.