



Kickball Tournament Registration Form

Contact Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Phone: _____

T-Shirt Size Needed: _____

If you are the team captain, please list your team members and their info on the next page.

Payment Information:

Cash Check Credit Card: Visa, MasterCard, American Express or Discover (circle one)
(Make checks payable to Easterseals Central and Southeast Ohio)

Credit Card Number: _____ Sec. Code: _____ Exp. Date: _____

I would like to make an additional donation to Easterseals in the amount of: \$_____

Total being charged to card: \$_____

Checks and order forms can be mailed to:

Easterseals Central and Southeast Ohio
Attn: Kristy Emch-Roby
3830 Trueman Court
Hilliard, Ohio 43026

Forms may also be faxed to:

614.228.8249

Thank you for your support!

*Learn more about Easterseals at www.EastersealsCentralOhio.org or join the
discussion at www.Facebook.com/EastersealsCentralOhio*

*For more information, please contact Kristy Emch-Roby at
614.228.5523 or at kroby@easterseals-cseohio.org*



Kickball Tournament

Team Information Form

Team Name: _____ **Team Captain:** _____

1: Name: _____

Email: _____ **T-Shirt Size:** ____ (S-3XL)

2: Name: _____

Email: _____ **T-Shirt Size:** ____ (S-3XL)

3: Name: _____

Email: _____ **T-Shirt Size:** ____ (S-3XL)

4: Name: _____

Email: _____ **T-Shirt Size:** ____ (S-3XL)

5: Name: _____

Email: _____ **T-Shirt Size:** ____ (S-3XL)

6: Name: _____

Email: _____ **T-Shirt Size:** ____ (S-3XL)

7: Name: _____

Email: _____ **T-Shirt Size:** ____ (S-3XL)

8: Name: _____

Email: _____ **T-Shirt Size:** ____ (S-3XL)

9: Name: _____

Email: _____ **T-Shirt Size:** ____ (S-3XL)

10: Name: _____

Email: _____ **T-Shirt Size:** ____ (S-3XL)