



CELEBRITY HOCKEY CLASSIC



Helping Kids with
Physical Disabilities
Succeed

Tournament Name: _____

Team Name: _____
 Player Name: _____
 Phone: _____ Email: _____

PLEASE PRINT CLEARLY – FULL ADDRESS REQUIRED FOR TAX RECEIPTS

Please make all cheques payable to "Easter Seals Ontario"

Sponsor's Name and Complete Address				Amount Pledged	Paid	Receipt
Last Name	_____	First Name	_____			
Street Address	_____	City	_____ Postal _____			
Paid By:	<input type="radio"/> Cash <input type="radio"/> Cheque <input type="radio"/> Credit	Credit Card #:	_____ Exp Date: _____			
Last Name	_____	First Name	_____			
Street Address	_____	City	_____ Postal _____			
Paid By:	<input type="radio"/> Cash <input type="radio"/> Cheque <input type="radio"/> Credit	Credit Card #:	_____ Exp Date: _____			
Last Name	_____	First Name	_____			
Street Address	_____	City	_____ Postal _____			
Paid By:	<input type="radio"/> Cash <input type="radio"/> Cheque <input type="radio"/> Credit	Credit Card #:	_____ Exp Date: _____			
Last Name	_____	First Name	_____			
Street Address	_____	City	_____ Postal _____			
Paid By:	<input type="radio"/> Cash <input type="radio"/> Cheque <input type="radio"/> Credit	Credit Card #:	_____ Exp Date: _____			
Last Name	_____	First Name	_____			
Street Address	_____	City	_____ Postal _____			
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Street Address	_____	City	_____ Postal _____			
Paid By:	<input type="radio"/> Cash <input type="radio"/> Cheque <input type="radio"/> Credit	Credit Card #:	_____ Exp Date: _____			

For more information please contact hockey@easterseals.org
 or visit celebrityhockeyclassics.com