



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 _____			
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: _____						

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