

# REGISTRATION FORM



Team Name: \_\_\_\_\_  
Team Captain's Name: \_\_\_\_\_  
Captain's Email: \_\_\_\_\_  
Captain's Phone: \_\_\_\_\_

<u>Player's Names</u>

Completed registration form and waiver of liability (signed by each player), along with \$500.00 payment confirmation, to be returned via email to Christine Rodrigues at [CRodrigues@watfordre.com](mailto:CRodrigues@watfordre.com)

Payment must be submitted to Bermuda Cancer and Health Centre by Friday, April 14, 2017. All payments must reference Arch Madness 3on3 and your team name.

## Wire Transfer Instructions

HSBC - A/C# 006-048482-011(BD\$) or 006048482511 (US\$)  
BNTB - A/C# 20006060372314200 (BD\$) or 20006840011607100 (US\$)



**Game Date:** April 21, 2017  
**Game Time:** 6pm to 8pm  
**Venue:** BHS Gymnasium

