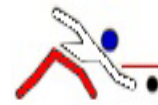


# Madison Area YMCA

## 9th Annual Charity Bocce Classic

September 13, 2010 - October 21, 2010



Presented By

VILLA ROSE WINE SCHOOL



### Official Registration Form

Foursome (\$200)

Team Name: \_\_\_\_\_

Captain: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
 Address: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

**NOTE:** The captain will serve as the primary contact for event information and updates, including schedule changes, and will be responsible for communicating information to team members.

Player #2 \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Player #3 \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Player #4 \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Competitive Division

Recreational Division

#### Payment Method

Visa     MC     AMEX     Check (payable to Madison Area YMCA)

Name (as it appears on card): \_\_\_\_\_  
 Account Number: \_\_\_\_\_ CSC Number (3 or 4 digits): \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_ Signature: \_\_\_\_\_

### Tournament Sponsors



To register, return this form, together with the appropriate entry fee(s), to June Whiting, Associate Development Director, Madison Area YMCA, 111 Kings Road, Madison, NJ 07940

Payment in full is required at time of registration to assure a place in the 32-team tournament field.

Registrations will be processed and acknowledged in the order that they are received, and forms that are accompanied by the appropriate entry fee(s) will be given first priority.



**THANK YOU FOR PARTICIPATING AND SUPPORTING THE MADISON AREA YMCA**

(All proceeds from the event will benefit the 2010 Annual Fund Strong Kids Campaign)

