



SLAMDiabetes' 4th Annual Barton Classic WIFFLE Ball Tournament Team Registration Form — May 16, 2015

	me:	
Team Ca _l	otain:	
Contact I	nformation: Email:	Cell phone:
Registrat	ion Fee: \$200 per team	
will be ar		ill be created for each team registered through FirstGiving. There g teams. We encourage a minimum of \$2,000 raised in donations of be deducted.
Team Ro	ster: Rosters will vary based on t	eam preference; however, we suggest eight to twelve players.
-	ographies: On a separate page, imagination as long as they are a	lease provide a brief bio for each player. These can be serious or propriate.
	Name:	Email Address:
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If you have any questions or would like additional information, please email: events@bartoncenter.org

Please send your completed registration form with payment to:

The Barton Center for Diabetes Education, Inc. P.O. Box 356, North Oxford, MA 01537-0356