



# 7<sup>th</sup> Annual Barton Classic WIFFLE Ball Tournament May 19, 2018

## Team Registration Form

### Fundraising Information:

An online fundraising page will be created for each team. There will be an award for the top fundraising team. We encourage a minimum of \$2,000 raised in donations or sponsors, if not; Power Ranking Points will be deducted.

### By Friday, April 20<sup>th</sup> Please Submit:

- **Team Roster:** We recommend having no more than 16 players on a team. The roster form is found in your Captain's Kit, which you'll receive after registering. If there are changes to the roster, you may submit a new roster on May 19<sup>th</sup>. Please submit roster form to [events@bartoncenter.org](mailto:events@bartoncenter.org).
- **Player Biographies:** In no more than two pages, please submit a team or players biography in word format to [events@bartoncenter.org](mailto:events@bartoncenter.org).



If you have any questions or would like additional information, please email: [events@bartoncenter.org](mailto:events@bartoncenter.org)

Phone: (508) 987-2056

Fax: (508) 987-2002

[www.bartoncenter.org](http://www.bartoncenter.org)



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**Please Return this half of the form to:** The Barton Center for Diabetes Education, Inc.  
P.O. Box 356, North Oxford, MA 01537-0356

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

Team Captain: \_\_\_\_\_

Email: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**Team Registration is \$200 and due by March 30, 2018 with this completed form.**

Enclosed is my Registration Fee of \$200.

Please charge the \$200 registration fee to my credit card listed below.

Name on Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_ Zip Code: \_\_\_\_\_