

**CORNERSTONE's – Pull for Life**  
**5 V 5 Flag Football Championship**  
Corporate Sponsorship Teams

I am a Team Captain for (name of business/organization) \_\_\_\_\_

I have # \_\_\_\_\_ Teams(s)

**Please have all of your team members read the Official Rules and Schedule of the day found online or in paper packet. As the Captain, you are responsible to register your team(s).**

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

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Registration Fee: \$250 per team**

**All registration fees must be paid at the time of registration. Team member registrations must be paid together as one.**

RESPONSE FORM
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**\*\*\* Teams consist of five members and are only considered valid when paid in full. \*\*\***

- I am paying for my entire team/s registration.
- The business named above is paying for our team (payment must be received before registration).
  - Checking Account (I have enclosed my check) \$ \_\_\_\_\_
  - Credit/Debit Card (see card information below) \$ \_\_\_\_\_  
(Visa, Master Card & Discover accepted)
  - Card # \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ 3 Digit Code on back : \_\_\_\_\_

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

Mail to: PO Box 252, Gap, PA 17527 or visit the Event Page on our website at [www.pregnancyresources.org/events](http://www.pregnancyresources.org/events) for registering and payment.

ALL REGISTRATION MUST BE RECEIVED NO LATER THAN SEPTEMBER 16, 2021

**CORNERSTONE'S – Pull for Life – Flag Football**

Corporate Sponsorship Teams

Team Captain:	Team Captain:
Name:	Name:
Address:	Address:
Phone:	Phone:
Email:	Email:
Name:	Name:
Address:	Address:
Phone:	Phone:
Email:	Email:
Name:	Name:
Address:	Address:
Phone:	Phone:
Email:	Email:
Name:	Name:
Address:	Address:
Phone:	Phone:
Email:	Email:
Name:	Name:
Address:	Address:
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