

Disney's Ultimate Inline Hockey Experience VI
August 22 – 24, 2003

DATE: _____

Team/Club Name: _____

Age Group: 8U 10U 12U 14U 17U 18+

Est. # of athletes: _____ **Est. # of Coaches:** 1 2

Contact Name: _____ **Role:** Coach
Manager
Team Contact

Address: _____

City: _____ **State:** _____

Postal Code: _____

Province: _____ **Country:** _____

Day Phone: _____ **Eve Phone:** _____

Fax Phone: _____ **Email:** _____

Entry Fee \$475

Payment Type:

() Check () Credit Card

Check Number _____ AMEX, MC, Visa, Disc, DC, JCB, Disney

Payable to **Walt Disney Parks & Resorts**

Name on Credit Card _____

Credit Card # _____ **Expiration Date** _____

Signature _____

Return Application and Payment to: Disney Sports – Inline
P.O. Box 470847
Celebration, FL 34747-0847
Or
Fax to 407-938-3412