



**REGISTRATION FORM**

**Yes! I would like to register my team for the  
Peel Children's Centre 9<sup>th</sup> Annual Cosmic Bowl**

**Contact Name:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_

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

**Name of Team:** \_\_\_\_\_

**Team Members: (four of five people per team)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I would like to participate in on-line pledging. Please send me details.** \_\_\_\_\_

**I would prefer to use paper pledge sheets. Please send them to me.** \_\_\_\_\_

For more information, please contact Carol Haynes at 905-795-3500 x 2298 or [chaynes@peelcc.org](mailto:chaynes@peelcc.org)