



SWING TO SPRING



5th Annual Dodge Ball Tournament Registration Form

\$10 per player (includes complimentary bottle of water)

Department: _____

Team Name: _____

Team Captain #1: _____ Email: _____
(Team captain will receive email correspondence and is responsible for team affairs)

Teammate #2: _____ Email: _____

Teammate #3: _____ Email: _____

Teammate #4: _____ Email: _____

Teammate #5: _____ Email: _____

Teammate #6: _____ Email: _____

Date: Wednesday, April 10th, 2019

Time: 4:00-5:30pm

Location: Lions Gate Hospital Gym

Cost: \$10 per player - to be collected upon arrival in the gym

Dress: **Wear a fun team costume!**

Deadline to Register: Teams must have their registration form to the Foundation by **12 noon Friday, April 5th**. Drop off in person or email to jennifer.mcdonald@vch.ca.

Teams must have a minimum of 6 people - adults only

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