

I.C.D.L. Registration Form

*Please print clearly in applicable fields

Team Name:

- 1) Provide a phone number
- 2) Provide an email and/or a mailing address for correspondence.

Year:

Venue:



Name: _____ (Captain)

Phone: _____

Email: _____

Address: _____

City: _____

Postal Code: _____

Name: _____

Phone: _____

Email: _____

Address: _____

City: _____

Postal Code: _____

Name: _____

Phone: _____

Email: _____

Address: _____

City: _____

Postal Code: _____

Name: _____

Phone: _____

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City: _____

Postal Code: _____

Name: _____

Phone: _____

Email: _____

Address: _____

City: _____

Postal Code: _____

Name: _____

Phone: _____

Email: _____

Address: _____

City: _____

Postal Code: _____

Name: _____

Phone: _____

Email: _____

Address: _____

City: _____

Postal Code: _____

*When an email is entered into the I.C.D.L. site, a confirmation email will be sent to the email address for confirmation. Members can delete the sent email.