

**1. Team Information**

Name of Team: \_\_\_\_\_  
 Captain/Representative: \_\_\_\_\_  
 Captain's E-mail address and Mobile Phone No.: \_\_\_\_\_  
 Number of Players (min. 10, max. 13): \_\_\_\_\_

**We will help you fill your roster if necessary.**

Number of Men/Women players (min. 2 women on field at all times):  
 M \_\_\_\_\_ F \_\_\_\_\_  
 Do you have any of your own equipment? bats: \_\_\_ balls: \_\_\_\_\_ gloves: \_\_\_\_\_

**Choose Level of Play:** \_\_\_\_\_ **Choose Level of Sponsorship (see attached):** \_\_\_\_\_  
 Sport Division (A): \_\_\_\_\_

Recreational Division (B): \_\_\_\_\_

**Names (They will be included in the program for the tournament):**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Thank you for taking the time to fill out this registration form. Please return it to the Prague Post Endowment Fund (E-mail: nadace@praguepost.cz, Fax: +420 296 334 463) by September 24<sup>th</sup>, 2004. Do not hesitate to contact us (+420 296 334 465) in case you have any questions.**



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*Nada\_ní fond Prague Post Endowment Fund je zapsán v nada\_ním rejst\_íku vedeném u  
 M\_stekého soudu v Praze v oddílu N\_vlo\_ \_íslo 235 I · 48548087 DI · C748548087*