



**2018 10th Annual
Lou Capara
Florida Challenger Jamboree**

Please complete & return no later than October 1st

League Registration Form

LEAGUE INFORMATION:

League Name _____

Little League ID _____

PRIMARY CONTRACT:

Name _____

Address _____

City, State, Zip _____

Phone (Home) _____

Phone (Cell) _____

Email _____

TEAM INFORMATION: Please List Players on Team Roster Registration Form

Total Number of Teams _____ Total Number of Players _____

HOTEL INFORMATION: If you are going to stay at a location other than the Rosen Shingle Creek Resort please provide the name and number of your hotel.

Name of Hotel _____ Hotel Phone # _____

All guest dinners must be paid for in advance for proper planning.

*Make checks payable to:
Celebration Little League*

(No payments accepted after October 1st)

MAIL REGISTRATION & FEES TO:
*Celebration Little League
Attn: Kathy Whitmire
905 Pondview Ct. Celebration, FL 34747*

Total Player Lunches (Free)	
# _____	\$ 0 _____
Total Player Dinners (Free)	
# _____	\$ 0 _____
Total Players Registration Fees	\$ _____
# _____ x \$5 per player	
Total Guest Dinners	
# _____ x \$13 per person	\$ _____
Total Remitted	\$ _____

Signature

League President (or League official)

For more information please contact: *Kathy Whitmire 407-433-2317 or Email: FLChallengerJamboree@yahoo.com*