



REGISTRATION FORM

Please complete all blank fields, where applicable.

Participant's Name: _____

Team Name (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

PAYMENT INFORMATION: (\$35.00 PER PERSON, \$15.00 FOR UNDER 13)

CREDIT CARD:

Check one: Visa Mastercard Discover

Credit Card Account Number: _____

Name (As it appears on credit card): _____

Expiration Date: ____ / ____ CVC Code (on back of card) _____

Please Note: The address above must match the address that is associated with your credit card.

BY CHECK:

Enclosed is my check in the sum of \$ _____ Check number: _____

Check(s) should be made payable to: **Memorial Exchange Charities.** Please mail this form and your check(s) to:

Memorial Exchange Charities

This is a donation

314 Belin Manor Drive

Houston, Texas 77024

MARCH 21, 2015 AT MEMORIAL CITY MALL, 8 TO 10AM (Registration Opens at 7am)