

Fantasy Camp Championship Series: Registration Form

Team Name: _____ Manager: _____

Mailing Address: _____

Phone: _____ Email: _____



List Players (including manager if playing)

Last Name	First Name	T-Shirt Size	D.O.B.	Extra Dinners	Fee per player (before Dec 1)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

Please make checks payable to:

*Yankees Tampa Foundation
1 Steinbrenner Drive
Tampa, FL 33614
800-368-2267*

Total Dinners (at \$40.00 each): _____

Total Fees: _____

Total Payment: _____