

2009 Saint John Dragon Boat Festival

August 29, 2009

Team Registration

Team Name: _____

Sponsoring Organization: _____

Mailing Address: _____

Postal Code: _____

Team Captain: _____

Email Address: _____

Phone: _____ Fax: _____

Team Manager: _____

Email Address: _____

Phone: _____ Fax: _____

Fee: \$1,000 per team

Method of Payment

Credit Card Visa M/C Exp date: _____

Cheque (made payable to St. Joseph's Hospital Foundation)

Invoice my organization (with approval from St. Joseph's Hospital Foundation)

Teams will be registered on a first come first serve basis with paid registration.

For more information please contact Jill Logan, St. Joseph's Hospital Foundation
(506) 632-5497

Mail with payment to

St. Joseph's Hospital Foundation
Saint John Dragon Boat Festival
130 Bayard Drive
Saint John, NB E2L 3L6

Fax: (506) 632-5594