

Team Registration

Date Registered: _____

Team Name: _____

Captain: _____

Costume Theme: _____

Team Members

Email

Phone

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Please return registration forms, donation/sponsor cards, and checks to:

St. Bernard Battered Women's Program, Inc.
Post Office Box 7
Arabi, Louisiana 70032

Or call (504)231-1247 for pick up.

