



# Leah Theall Memorial Team Registration Form

Participant Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Memorial Field**  
**\$25/person**  
**12PM-6PM**  
**50/50 | Raffle**

Please send your registration form and entry fees to reserve your spot by July 28, 2017.  
Only 4 teams of 20 accepted.

**Drop off to: ATTN: Coeby McEachern**  
**Fairville Shooters Westside**  
**638 Manawagonish Road**  
**Saint John, NB E2M 3W5**

\*Please make all cheques payable to the Saint John Regional Hospital Foundation.  
\*No Charitable receipt will be issued for registration fee's.