



Team / Vendor Name: \_\_\_\_\_

### Contact Information

Main contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

### Category (Check all that apply)

#### Adult

*(Top 3 Cash Prize, pending number of teams entered)*

Men's Soccer - \$500.<sup>00</sup>

Women's Soccer - \$350.<sup>00</sup>

#### Youth Soccer

16 & Under - \$350.<sup>00</sup>

13 & Under - \$350.<sup>00</sup>

10 & Under - \$350.<sup>00</sup>

7 & Under - \$250.<sup>00</sup>

5 & Under - \$100.<sup>00</sup>

#### Vendors

Kitchen Vendor - \$700.<sup>00</sup>

Food Vendor - \$350.<sup>00</sup>

Retail Vendor - \$175.<sup>00</sup>

Non-Profit - \$100.<sup>00</sup>

Additional 10x10 Lot - \$100.<sup>00</sup>

### Payment Information

**PAYMENT MUST BE RECEIVED BEFORE MAY 9, 2025 4PM. NO PAYMENT, NO GAME TIME.**

**CASH:** Must be paid at the Band Office with A/R  
(Mon.-Fri. 8 AM -4 PM)

**CERTIFIED CHEQUE:** Must be received by  
May 9, 2025

**SPONSOR ISSUED CHEQUE (personal cheques  
will NOT be accepted):** Include a photocopy of  
cheque/stub

**DIRECT DEPOSIT:** Send a copy of Direct Deposit slip  
from Bank. Clearly identify the team name

Bank: **Bank of Montreal**

Transit: **0705** Account #: **1057-527**

Memo: Age/Category/Team Name (Eg. Mens Soccer  
Seabird Braves)

**E-TRANSFER:** \*Must be sent from Main Contact  
listed above.

Email: **etransfer@seabirdisland.ca**

Password: **Festival**

Message/Memo: **Your Team Name/Age Category**  
(Eg. Seabird Braves/U16), **Vendor Name/ Category**  
(Eg. Seabird Catering/Food Vendor)

**CREDIT CARD PAYMENT:** Fill out form on next page



## CREDIT CARD AUTHORIZATION

I \_\_\_\_\_, hereby authorize Seabird Island Band to  
charge my credit card for \_\_\_\_\_  
Entry fees: Not to exceed the amount shown.

Amount \$\_\_\_\_\_ Cdn

Credit card type:            Mastercard            Visa            Amex

Credit card # \_\_\_\_\_

CV2# (last 3 digits on the back of the card) \_\_\_\_\_

Expiration date: \_\_\_\_\_

Billing address: \_\_\_\_\_

City Postal code: \_\_\_\_\_

Name on card: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

