



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 - \$500.00

Women's Soccer - \$350.00

Co-ed 3-Pitch - \$350.00

Youth Soccer

16 & Under - \$350.00

13 & Under - \$350.00

10 & Under - \$350.00

7 & Under - \$250.00

5 & Under - \$100.00

Vendors

Kitchen Vendor - \$700.00

Food Vendor - \$350.00

Retail Vendor - \$175.00

Non-Profit - \$100.00

Additional 10x10 Lot - \$100.00

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: _____

