



Team / Vendor Name: _____

Contact Information

Main contact name: _____ Phone: _____

Email: _____ Cell: _____

Mailing Address: _____

City: _____ Province: _____ Postal code: _____

Category (Check all that apply)

Adult	Youth Soccer	Vendors
<small>(Top 3 Cash Prize, pending number of teams entered)</small>		
Men's Soccer - \$500.00	16 & Under - \$350.00	Kitchen Vendor - \$700.00
Women's Soccer - \$350.00	13 & Under - \$350.00	Food Vendor - \$350.00
	10 & Under - \$350.00	Retail Vendor - \$175.00
	7 & Under - \$250.00	Non-Profit - \$100.00
	5 & Under - \$100.00	Additional 10x10 Lot - \$100.00

Payment Information

PAYMENT MUST BE RECEIVED BEFORE MAY 9, 2026 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 8, 2026

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: _____

