

# 2009 BAGGO TEAM REGISTRATION FORM

Return to Lakeside Legacy at 401 Country Club Road, Crystal Lake, IL 60014 or  
via fax at 815-455-8080

Team Name: \_\_\_\_\_

\* Each participant must be at least 18 years of age with valid identification.

Captain's Name: \_\_\_\_\_ Teammate Name: \_\_\_\_\_

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

City: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

T-shirt Size (circle one): S M L XL XXL T-shirt Size (circle one): S M L XL XXL

Total amount to be charged/enclosed: \$ \_\_\_\_\_ Visa Mastercard Check (circle one)

Credit card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

\*ALL participants must agree to the Lakeside Legacy Foundation waiver.

\*T-shirts provided if pre-registered by 6/19/09!

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