

# REGISTRATION FORM

Participant's Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Participant's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

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

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

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

T-Shirt Size (Circle One): YS YM YL AS AM AL

## SELECT PACKAGE BELOW:

(Participation fee includes 1 ticket for participant and 1 additional ticket)

**BALCONY PACKAGE:** **\$65**  
Additional Game Tickets \$20 x \_\_\_\_ = \_\_\_\_  
(regular ticket price \$25)  
Total \_\_\_\_\_

**CLUB PACKAGE\*:** **\$275**  
Additional Game Tickets \$125 x \_\_\_\_ = \_\_\_\_  
(regular ticket price \$173)  
Total \_\_\_\_\_

\*LIMITED AVAILABILITY

## METHOD OF PAYMENT:

MC VISA AMEX DISC CHECK

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

CC#: \_\_\_\_\_

Exp: \_\_\_\_\_ CC Verification: \_\_\_\_\_

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

## SEND REGISTRATION WITH PAYMENT TO:

**New Orleans Hornets**  
**Attn: Honeybees in Training**  
**1250 Poydras Street, 19<sup>th</sup> Floor**  
**New Orleans, LA 70113**  
**Fax: (866) 480-7301**  
**Phone: (504) 593-4745**

Please make checks payable to the New Orleans Hornets and include participant's name in memo section of check.

**LIMITED TO THE FIRST 150 GIRLS**

A confirmation packet including game tickets will be mailed within two weeks of registration.