

TEAM REGISTRATION FORM

25th Annual Leap Sandcastle Classic: FREESTYLE! – Saturday, October 4, 2008

Company Name: _____

Contact: _____

Partner Companies (if applicable): _____

Partner Team Contact Information: _____

Team Captain(s) (contact person(s): _____

Address: _____ **City** _____

State _____ **Zip Code** _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Amount: _____

Credit Card Payment Option

Visa/MC/AMEX Number: _____ **Exp. Date:** _____

For your convenience, Leap also accepts Visa, MasterCard and American Express payments online at www.leap4kids.org.

Signature Line: _____

Payment Due July 7, 2008

Checks: Please make checks payable to: **Leap...imagination in learning**

Please mail form and payment to:

Kim Teevan

Teevan Productions

1557 15th Avenue, San Francisco, CA 94122

Phone: 415.731.5539 Fax: 415.731.6794 Email: kteevan@pacbell.net

www.leap4kids.org

