



REGISTRATION FORM

FULL NAME: _____

BUSINESS/ORGANIZATION NAME: _____

PHYSICAL ADDRESS: _____

PHONE NUMBER(S): _____

EMAIL ADDRESS: _____

SPONSORSHIP LEVEL: _____

NAMES OF PLAYERS: _____

SIGNATURE

DATE

**PLEASE RETURN BY FRIDAY, OCTOBER 8TH
completed form and payment to:**

*Heart of Oklahoma Chamber of Commerce
220 W. Main St. Purcell, OK 73080
or email form to elisabeth@theheartofok.com*

TO PAY ONLINE PLEASE VISIT OUR WEBSITE:

www.theheartofok.com

For additional information or questions please contact:

*Elisabeth Baker, Executive Director
(405) 527-3093
elisabeth@theheartofok.com*

- Check Enclosed (Payable to Heart of OK Chamber)
- Online Payment
- Send Invoice

Billing Address: _____

