

MUST Print Clearly / Football Pool

Name: _____

Address: _____

City: _____ **ST:** _____ **ZIP:** _____

E-Mail: _____ **Number:** _____

Cost to play is \$200.00

MAILING - Deadline PAID in full: today till

12-16-2020

**Cashier Check, Money Order or Personal Check and
make payable to CSWBAD / Football and
mail to:**

Sharon DiTondo / Pool

315 Laurelton Rd

Rochester, NY 14609

Any questions, feel free contact:

**Sharon DiTondo / sdolphin20@gmail.com /
CSWBAD Tournament Director**

or

Kris Burford / kburford02@yahoo.com / Vice-President