2025-26 BCiB Men's State Pennants

Side Entries Form





Please list the sides your cit	ub wishes to enter.		
	Competi	tion Dates	
Region playing days:			
Region Start:		Region Completion	
State Finals: 21 - 23 August 20:	26		
	Divisions Club Wishes to En	ter (indicate number of sides)	
Contact name:			
Division 1	Division 2	Division 3	Division 4
Club Details			
Contact name::		Phone number:	
Email:			
	Pav	ment	
Entry fee per side:	•		
Please accept my payment amo	ount of: \$		
Credit card type:			
Name on card:			
Card Number:			
Card expiry:		CVV (three number on back of card)	
Direct deposit			
Verification of Club Official			
Name:	Position:	Date:	