



## Community Share Official Registration Form

**Date** \_\_\_\_\_

**Organization** Traverse City West Titan Athletic Boosters - "Team"

**Phone Number** 231-933-7780 (Athletic Office)

**Mailing Address** 5376 North Long Lake Road  
Traverse City, MI 49685

**Tax Id. Number** 38-3479473

**Oleson Store Location for CHECK pick-up** TC Oleson's Plaza West

**Group**

**Contact Person** "Coach Name"

**Phone Number** "Coach Phone Number"

**Signature** \_\_\_\_\_

**Office**

**Approved Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

|                        |
|------------------------|
| <b>Office Use Only</b> |
| No. _____              |

*Business Office*

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