

THE EXTREME ADULT HOCKEY CLASSIC

Registration Form

Team Name: _____ Contact: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Method of Payment: _____ Money Order _____ Check _____ Credit card

Team Entry Fee: \$1450 or \$1600 after April 8th (No Refunds after Entry Deadline) Individual Players can register for \$139.

Credit Card #: _____ Expiration Date: _____

Card Holder Name: _____ Card Holder Signature: _____

Team Entering: _____ Over 40 Div _____ Gold Div _____ Silver Div _____ Bronze Div

Player Name (Please print clearly)	Highest Level Played	Birthdate
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____
16. _____	_____	_____

I, the team contact, acknowledge that the above roster information is accurate. I also acknowledge that any inaccurate roster information may result in Tournament disqualification.

Signed: _____