

OLD TIME HOCKEY TEAM REGISTRATION FORM

- To be completed fully and sent to Brent Evenson or Matt Fitch by the due date.
- Please either type or print neatly.

Team Name:		Tournament:	Old Time Hockey
Level A,B,:		Date(s):	

Playing Colors

Alternative Colors

Shirt		
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Coach

Name	
Address	
Hm Ph	
Wk Ph	
Mobile	
E-mail	

Manager

Name	
Address	
Hm Ph	
Wk Ph	
Mobile	
E-mail	

Managers Contact Cell Phone Number During Tournament: _____

We, the _____ Hockey Team:

1. Please attach check or money order made out to Matt Fitch and return to
2. Tournament Fee is \$450.
3. Roster and Tournament Fee or (Deposit of \$275) is due at sign up or by entry deadline of May 20th 2010.
4. All games will be played at the STMA ice arena located at 5898 Lachman Avenue NE, Albertville MN 55301-3956.
5. By signing we agree to abide by the Old Time Hockey Tournament rules.
6. Tournament Fee is Non-Refundable.

Signed Team Manager/Captain _____

Date / /

