

HOTEL Name:





2021 Intent To Participate Form

www.mystreethockey.com

DIVISIONS: Penguin Div (7. 8. 9) * Beaver Div (10.11.12) * Cadet Div (13.14.15)

* Cadet Major (02.03.04) * S * Age Eligibility: Januar	enior Divisions (16 & Older) * November 1988 November 1988	Masters (40 & Older)
DIVISION: Indicate Division	/ Caliber of the Team A" B" - Ot	
indicate the best day & time y	our team can play.	
Team Name:		
Contact Name:		
	State/Prov	_Zip/Postal Code
Contact Phone: ()	Cell/	
Other Contact Fax: () Is your team representing a sand	E Mail ctioned league, playing by the USD	@ HF Rule Book?
	g properly <i>numbered shirts? <u>Colc</u> we the right to disqualify any tear</i>	
	read the Rules & Regulations & in charge (Sign):	
	efundable cashier's check, money mament Fee or Deposit of \$300 to	
	C Sports in USA /Canada P.O. Box 1066	
	Leominster, MA 01453 t Fee's \$675.00 unless indicated	on Event Flyer
For Office Use Only:	Division:	
Accepted By:	Amount receive	ed:
Waiting List:	Check/M.O. #	
Misc: Pay Pal	Balance Due:	

Hotel Phone # ()