

# SKATE 3 PRO SHOP

## 16<sup>TH</sup> ANNUAL HOCKEY DOCTORS OPEN

April 15<sup>th</sup> - April 18<sup>th</sup> 2009

Tyngsboro Ma.

Team \_\_\_\_\_

Address \_\_\_\_\_

Phone(day) \_\_\_\_\_

Phone (evening) \_\_\_\_\_

Age Category \_\_\_\_\_

Division Category \_\_\_\_\_

Registration fee is \$675.00 per team. A deposit is required

Cash \_\_\_\_\_ Check \_\_\_\_\_ Money Order \_\_\_\_\_

**| Jean Guy Gagnon**

**354 Willard St.**

**Leominster, Ma. 01453**

All team entries must have a minimum roster of eleven players. A \$10.00 fee will be added for rosters submitted late. No refunds will

Be granted thirty(30) days prior to tournament. Each

Participant assumes responsibility for his/her lost, damaged or stolen articles as well as any injuries.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Date Received \_\_\_\_\_