



APRIL SHOWERS WOMEN'S ADULT CLASSIC

OFFICIAL REGISTRATION AND ROSTER FORM



Valley Sports Ice Arena, Concord, MA. April 9-11, 2010

DIVISION - CIRCLE ONE: (BELOW ARE SUGGESTED GUIDELINES FOR LEVELS)

D-LEVEL (2-7 YRS EXPERIENCE) **C / D -LEVEL** (INTENDED FOR TEAMS THAT HAVE A MIX OF PLAYERS 2-10 YRS EXPERIENCE)

C -LEVEL (5 - 20 YRS EXPERIENCE) **THE YRS OF EXPERIENCE ARE GUIDE LINES TO MAKE THE GAME PLAY AS EVEN AS POSSIBLE**

TEAM NAME: _____ CONTACT NAME: _____

CONTACT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

\$825 TEAM ENTRY FEE—FIRST COME, FIRST SERVE—NO DEPOSITS.

Payment Method: (check one) Check # _____ Money Order# _____

Please make check or money order out to: NEWHL

Mail Payment to: NEWHL c/o Kerri Macaluso, 11 Putnam Rd. Acton, MA. 01720

EACH PLAYER WILL RECEIVE AN APRIL SHOWERS WOMEN'S ADULT CLASSIC T-SHIRT (* UP TO 16 PER TEAM) Over 16 player will be \$8.00 per T-Shirt. PLEASE INDICATE THE NUMBER OF T-SHIRTS SIZES BELOW.

XL _____ **LARGE** _____ **MEDIUM** _____ **SMALL** _____

***Please provide the below information for each team member. Individual information will not be printed in the program but will be used in a graph to show the average age & years of experience of players that are playing in our 2010 Women's Adult Classic.**

This is a 30+ years and over Adult Women's Classic.

	<u>PLAYER NAME (Print Clearly)</u>	<u>STATE/TOWN</u>	<u>DATE OR BIRTH</u>	<u>YEARS OF EXPERIENCE</u>
	Example: Terri Smith	Acton, MA	3/7/60	7
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____
13.	_____	_____	_____	_____
14.	_____	_____	_____	_____
15.	_____	_____	_____	_____
16.	_____	_____	_____	_____
17.	_____	_____	_____	_____
18.	_____	_____	_____	_____
19.	_____	_____	_____	_____

I, the team contact, acknowledge that the above roster information is accurate. I also understand that inaccurate roster information may result in tournament disqualification. **Team Contact Signature:** _____ **Date:** _____

Return this completed form and mail along with payment to: NEWHL c/o Kerri Macaluso , 11 Putnam Rd. Acton, MA. 01720 Email: kmac1004@aol.com Entry Deadline to guarantee a team spot: Friday, February 12, 2010. We will fill up fast so don't wait to be a part of this Celebration of Women's Hockey