Team Registration Form

Please fill out the form below
legibly and completely

___ End Of Summer Hockey Fest
___ Turkey Shoot
___ Holiday Cup
___ Winterfest
___ Spring Shootout
___ Memorial Cup

GLACIAL GARDEN
The Garden
SKATING ARENA

USA Hockey Roster and full entry fee must accompany registration form. No team is guaranteed entry untill full payment and registration is complete.

Team Name

Division (Please Specify Level)

Jersey #	Player Names

Head Coach

Assistant Coach

Team Manager

Return payment and registration to:
GGSA Tournament Dept.
3975 Pixie Ave.
Lakewod, Ca 90712

Team name

Contact Person

Address

City State ZIP

Home Phone#

Work/Cell Phone #

FAX #

Email Address

League Record

METHOD OF PAYMENT

__Check __Credit Card __Money Order

Credit Card # Exp. Date

NOTE: Absolutely NO REFUNDS will be given after the registration date has passed with exception to division cancellations.

Signature