



2024 Adult Hockey Weekend Registration Form Lakeshore Hockey and Sports Center

Registration: -Please Print

Team Name: _____

Captain's Name: _____

Captain's Phone Number: _____

Captain's Email: _____

Tournament Date: _____

Tournament Division: _____

Jersey Color: _____

Alternate Set: _____

Team Roster (16 Player Max):

1. _____
2. _____
3. _____
4. _____
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SimpleTix Deposit (No cash, credit card, or check for deposit):

Amount: \$250.00

Date: _____

Confirmation #: _____