



2014 RED, WHITE & BLUE CUP JAMBOREEE

Team Registration Deadline: November 1, 2014

Please complete the information below for each Program entry, and mail this form with your check made payable to Massachusetts Hockey:

Massachusetts Hockey
c/o Don Derosia
3 Benoit Lane
South Hadley, MA 01075

Program Name: _____

Program Number: MAH _____ **Program District:** _____

Program Team Name(s): _____

Example: In-house Red Team

Program Representative Information

Contact Name: _____

Title: _____

(example: Learn-to-Skate Director)

Telephone: _____ **Email:** _____

Signature: _____

Program Head Coach's Information

Coach's Name: _____

CEP#: _____ / **CEP Level:** (circle one) I, II, III or IV

Telephone: _____ **Email:** _____

Signature: _____

Fees Due

Mite Half-Ice Teams _____ @ \$150 = \$ _____

Cross-Ice Teams _____ @ \$150 = \$ _____

Total Amount Enclosed _____ \$ _____

Contact Don Derosia @ dderosia@mahockey.org for more information