



2007 Fall Hockey Classic Tournament Application Form

Assoc Name: _____ Team Name: _____

Contact Name: _____ Phone (H): _____

Contact Address: _____ Phone (W): _____

_____ Fax : _____

_____ Email: _____

Hotel Name : _____ Number of Rooms: _____

Age Level: (Please check)

SQUIRT \$650 _____ **PEE WEE \$725** _____ **BANTAM \$725** _____

Head Coach: _____

Asst Coach: _____

Asst Coach: _____

Manager: _____

Jersey Colors: Home _____ Away _____

Please make checks payable to: Clifton Park Ice Arena

Please return Application, Check and Team Roster to:

**Clifton Park Ice Arena
P.O. Box 5384
Clifton Park, NY 12065**

By signing this form, the team contact person, on behalf of the team, releases Clifton Park Ice Arena, Arena Management Group, arena employees & management, and all involved in this tournament from liability for any injury, accident, theft or damage which may be incurred by and/or caused by any player, team official or spectator while participating in the tournament or while traveling to and from the tournament.

Signed: _____

Date: _____