O IM A CUP REGISTRATION FORM

TEAM NAME
(to appear on schedule)

DIVISION (Circle One) Tier 1 Tier 2 (if applicable)

Team Contact Person Phone:

Mailing Address

City, State, Zip

E-Mail (Mandatory)

Primary Jerseys Color Alternate Jerseys Color

Event Location & Date:

*Note: Players and goalies are only permitted to participate in one division at any event

	JERSEY NUMBER	PRINT NAME	SIGNATURE *	USA Hockey Inline #	Waiver Rec'd (Tourney Staff Use Only)
FORWARD					
FORWARD					
DEFENE					
DEFENSE					
GOALIE					

*If you wish to complete and send this form electronically, you may leave the Signature column blank, and sign the form at the event.

Sending the registration form and fees without (a) sending a commitment e-mail or (b) making a commitment call will NOT guarantee your entry into the event.
Please e-mail Jeff at hockeycentralflorida@hotmail.com or call at (386)-235-5208 to confirm your spot in a O IM A Cup Event.

ENTRY FEE : $175 per Team

Entry Fee is Non-Refundable

Make Checks Payable to: Hockey Central Florida, LLC
Mail Registration Form to:
OIM A CUP c/o Jeff Ning
138 Rockhill Drive Sanford, FL 32771