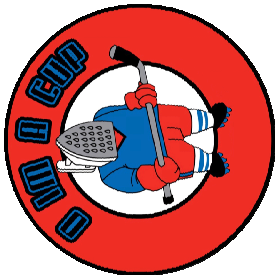


OIM A CUP REGISTRATION FORM



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				
DEFENSE				
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 OIM 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