

**AGE GROUP(Circle one)** 8<    10<    12<    14<    18<    Adult (18 >)

☐ Yes☐ No

**Team Nickname:**

Home Jersey Colours:

**Away Jersey Colours:**

Contact Person:

E-Mail Address:

Street Address:

City, State, Zip

Telephone: Day- ( . .)

Night- (. .)

FAX : ( . . )

**Please enclose check/money order payable to: FCIHI**

**Entry Fee: \$425**

**\*\*Tournament entry information package will be delivered upon receipt of deposit/payment**

If you decide to enter the tournament, please contact Jeff Ning at (386) 235 - 5208 before mailing entry form.

**ROSTER (Maximum of 15 including goalies)**

	Number	Name	Position	USAHI Member #	DOB
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
	COACH				
	COACH				
	COACH				

**NOTES (including Scheduling Requests):**