



2018 Tournament Of Beer Registration Form Lakeshore Hockey and Sports Center

Registration: -Please Print

Team Name: _____

Captain's Name: _____

Captain's Phone Number: _____

Captain's Email: _____

Tournament Date: _____

Tournament Division: _____

Jersey Color: _____

Alternate Set: _____

Team Roster (16 Player Max):

1. _____
2. _____
3. _____
4. _____
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16. _____

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Payment Options:

Please Circle One: Cash Check Credit Card

Amount: _____

Date: _____

CC#: _____

Exp: _____ / _____ CSV : _____