

**HAWKS FROZEN FRIGHT TOURNAMENT
REGISTRATION
October 24-26, 2008
Darien Sportsplex, Darien, IL**

Team Name: _____

Age Group: Mite Squirt Pee Wee Bantam

Skill Classification: A AA

Team Manager Information

Name: _____ **Address:** _____

City: _____ **State/Prov:** _____

Zip/Postal Code: _____

Email Address: _____

Phone: (Home) _____ **(Work)** _____ **(Fax)** _____

Coach's Information

Name: _____ **Address:** _____

City: _____ **State/Prov:** _____

Zip/Postal Code: _____

Email Address: _____

Phone: (Home) _____ **(Work)** _____ **(Fax)** _____

Team Information

Hometown League: _____

(NIHL, NWHL, SSSL, PAHL, CBHL, WNYAHL, DVHL, LCAHL,
CSDHL, etc.)

Division within League: _____

AA, A1, A2, B1...AA Major, A Major, AA Minor...Gold, Silver, Bronze...Red,
Blue...

	Example	birth year #players	birth year #players	birth year #players
Player Birth Years:	2000 / 6	_____ / _____	_____ / _____	_____ / _____

2007-08 or Current Record: W_____ L_____ T_____ Goals For_____ Against_____

Fees

Mite: \$795

Squirt/Pee Wee/Bantam: \$895

Credit Card Information

Type of Card: MasterCard Visa AMEX Discover

Name on Card: _____

Card Number: _____

Expiration Date: _____

If you are paying by check, please make checks out to the Chicago Hawks

IMPORTANT NOTES

- A \$200 non-refundable deposit is due upon registration.
- Final payment is due by October 10.
- All teams must provide an official signed and certified USA Hockey roster
- Teams from outside of Illinois must provide a travel permit

This entry form, certified team roster and travel permits (if applicable) can be mailed to:

Frozen Fright Tournament
Attn: Suzy Chudzik
6000 Perry Drive
Woodridge, IL 60517

The materials can also be faxed to 708.272.1998

Please email questions to schudzik@comcast.net