



# 2<sup>nd</sup> ANNUAL FALL 3-on-3 CLASSIC

At the Greenheck Fieldhouse  
Sept. 30<sup>th</sup> – Oct. 2<sup>nd</sup> 2011  
Registration

**Application Deadline: September 1, 2011**

Once you have mailed your registration, please send an e-mail to [ccebula3324@gmail.com](mailto:ccebula3324@gmail.com) or [coertel@charter.net](mailto:coertel@charter.net) stating that you have mailed your registration and indicate what level your team will play. Once registration form is received, we will promptly send you an email confirmation.

Association: \_\_\_\_\_ Team Name: \_\_\_\_\_

Team Colors: \_\_\_\_\_ BIRTH YEAR: '03's & '04's

Coach: \_\_\_\_\_ '02's

Email Address: \_\_\_\_\_ '01's

Street Address: \_\_\_\_\_ '00's

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ '99's

Phone: \_\_\_\_\_ '98's

Roster: \_\_\_\_\_ Circle One:  
1) \_\_\_\_\_ DOB: \_\_\_\_\_ Team Registration  
2) \_\_\_\_\_ DOB: \_\_\_\_\_  
3) \_\_\_\_\_ DOB: \_\_\_\_\_ Goalie Registration  
4) \_\_\_\_\_ DOB: \_\_\_\_\_

Team Contact: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

**\*\***In an effort to promote higher/equal competition, players will play at their birth year level. Co-ed and girls teams allowed; no separate division for these teams. **\*\***

Tournament Cost - \$120 per team or \$30 per goalie

Payment due with the application. Please make check payable to Everest Youth Hockey

Return this form with payment in full to:

Everest Youth Hockey  
PO Box 101  
Rothschild, WI 54474  
Attn: Cliff Cebula – 3-on-3 Tournament.

For additional information, please contact:

Cliff Cebula [ccebula3324@gmail.com](mailto:ccebula3324@gmail.com) 715-574-2424  
Craig Oertel [coertel@charter.net](mailto:coertel@charter.net) 715-218-4442