

2012 BUFFALO STORM
2nd ANNUAL



SPONSORED BY: THE TOWN OF CHEEKTOWAGA
YOUTH & RECREATIONAL SERVICES DEPARTMENT

Saturday, July 14 & Sunday, July 15, 2012

Time: 8:00 am—8:30 pm

Place: Losson (Stiglmeier) Park

(Street Hockey Court next to tennis Courts)

AGE GROUPS: CAN BE COED

Mites (2003 & younger Birthdates)

Squirts (2001 & younger Birthdates)

Peewees (1999 & younger Birthdates)

Bantams (1997 & younger Birthdates)

(Max 6 players per team, 5 & 1 goalie, 8 Team Maximum per division)

ENTRANCE FEE

\$100 Cheektowaga Team
(all residents)

\$125 Non-Cheektowaga
Team

Deadline is June 24, 2012

HIGHLIGHTS

* Guarantee 3 games
(possible 5 total)

* Each players gets a game
t-shirt with number on back.

* Championship Prizes

Checks with application & waiver should be sent to: Tony Pierino, 275 Alexander Avenue Cheektowaga, NY 14211-2742. Please make checks payable to Town of Cheektowaga.

For More Info please contact Tony Pierino at 867-8349

or go to our websites at www.buffalostorm.net or www.tocny.org

2012 BUFFALO STORM STREET HOCKEY FESTIVAL REGISTRATION FORM

Team Name: _____ Age Group: _____

Team Guardian: _____ Contact #: _____

Team Guardian Email: _____

ROSTER WAIVER:

I, the undersigned, intending to be legally bound by myself, my heirs, executors and administrators, waive and release any and all blame for damage I may have against the Town of Cheektowaga or the Town of Cheektowaga Youth & Recreational Services Department, and anyone connected with the program/activity.

Player #1: _____

T-Shirt Size (Circle): 6-8 10-12 14-16 / Small Med Large X-Large

Address: _____

D.O.B: _____ Phone #: _____

Parent Signature: _____

Player #2: _____

T-Shirt Size (Circle): 6-8 10-12 14-16 / Small Med Large X-Large

Address: _____

D.O.B: _____ Phone #: _____

Parent Signature: _____

Player #3: _____

T-Shirt Size (Circle): 6-8 10-12 14-16 / Small Med Large X-Large

Address: _____

D.O.B: _____ Phone #: _____

Parent Signature: _____

Player #4: _____

T-Shirt Size (Circle): 6-8 10-12 14-16 / Small Med Large X-Large

Address: _____

D.O.B: _____ Phone #: _____

Parent Signature: _____

Player #5: _____

T-Shirt Size (Circle): 6-8 10-12 14-16 / Small Med Large X-Large

Address: _____

D.O.B: _____ Phone #: _____

Parent Signature: _____

Player #6: _____

T-Shirt Size (Circle): 6-8 10-12 14-16 / Small Med Large X-Large

Address: _____

D.O.B: _____ Phone #: _____

Parent Signature: _____