



SPONSORED BY: TOWN OF CHEEKTOWAGA YOUTH & RECREATIONAL SERVICES

Saturday, June 16, 2012

Time: Competition Begins at 9:00 am

Place: Cheektowaga Rec Center

AGE GROUPS:

Mites (8U), Squirts (10U), Peewees (12U),
Bantams (14U) & Midgets (16U & 18U)
(Must have a minimum 10 applicants per age group)

ENTRANCE FEE

\$15 Cheektowaga Residents, \$18 Non-Residents
Deadline is Sunday, June 10, 2012

HIGHLIGHTS

* 5 Skill drills for each age group

(Sniper Competition, Fastest shot, blazing skates, Obstacle Skate & Breakaway challenge). Each player gets a participation award.

* ALL PLAYERS MUST BE IN FULL ROLLER HOCKEY GEAR WITH HELMET

* Prizes & awards for winners

*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 IN LINE
Roller Skills Competition Information



2012 BUFFALO STORM SKILLS COMPETITION REGISTRATION FORM

**COMPETITION 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.

Competitor's Name: _____

Address: _____

D.O.B: _____ Phone #: _____

Played Inline Hockey Before (Circle)? Yes / No #Years: _____

Rate your Inline skill level (Circle): Beginner Intermediate Advanced

Guardian Signature: _____

Guardian Email: _____

Age Group Competing in (Circle One):

Mites (8U): 2003 birthdate & Younger

Squirts (10U): 2001 birthdate & Younger

Peewees (12U): 1999 birthdate & Younger

Bantams (14U): 1997 birthdate & Younger

Midget (16U): 1995 birthdate & Younger

Midget (18U): 1993 birthdate & Younger

For Inline Staff use only:

Residency: Resident: \$15 Non-Resident: &18

Payment Date: _____

Payment Type: Cash Check # _____ Credit

Credit Info: Visa MasterCard Discovery Flex fit

Credit Card #: _____

Expiration Date: _____

Staff Approval: _____