



BOSTON MEMORIAL CUP WARRIOR ICE ARENA

ENTRY FORM

Date(Circle): **-May 24th-26th, 2019**

Team Name:_____ **Team Website:**_____

Team's League:_____ **Birth Years:**_____

Team Tryouts(Circle One): **-Yes** **-No** **Number of Players @ Tryouts:**_____

Number of Teams in League:_____

How will your team compete this year(1-Weaker & 10-Stronger/Circle One): 1 2 3 4 5 6 7 8 9 10

Requirements(Circle all that apply): **-Boys Division** **-Girls Division** **-Adult Division**

-Full Body Checking **-No Body Checking** **-Full Ice** **-Half-Ice**

Youth Age Division(Circle One): **-Mite** **-Squirt** **-PeeWee** **-Bantam** **-Midget(16u)**

-Midget(18u) **-Girls 12u** **-Girls 14u** **-Girls 16u**

Adult Age Division(Circle One): **Women's 19+** **Women's 30+** **Women's 40+** **Women's 50+**

Men's 19+ **Men's 30+** **Men's 40+** **Men's 50+**

Youth Skill Levels(Circle One): **-AAA** **-AA** **-A**

Adult Skill Levels(Circle One): **-B** **-C** **-D** **-E(REC)**

Contact Info (Manager/Coach):

Name:_____ **Street Address:**_____

City:_____ **State:**_____ **Zip Code:**_____

Phone:_____ **Email:**_____

Comments:

***Form of payment(attached): Check #**_____ **Money Order #**_____

***Payable to: TCS Hockey, Inc.**

663 Pemberton Dr.

Lebanon TN 37087

MORE DETAILS YOU SHOULD KNOW:

- All teams must be ready and available to play at 9am Friday. Sunday Championship games may go as late as 9pm.
- This is a stay to play event. It is required that all teams traveling to this event reserve their hotel accommodations through TRAVELING TEAMS®. Thank you in advance for your cooperation!
- Team deposits & payments are considered non-refundable. Refunds for teams will be provided if TCS Hockey cancels the tournament or the division your team is registered for gets canceled. Any mistakes or errors made by the applicant during the registration process shall be construed against the applicant and may disqualify applicant's team or individual player from a refund
- TCS Hockey is not responsible for a team refund in the event of a national or natural disasters or travel complications.
- Full payment should be mailed to our office no later than 1 month prior to the event.
- Rosters should be submitted no later than 2 weeks prior to the event to: marc@tcshockey.com
- Entry Forms, Payments, & Rosters can be mailed to:
- TCS Hockey, Inc.
- 663 Pemberton Dr.
- Lebanon TN 37087