



2009 ORIGINAL SPRINGFIELD PICS HOCKEY INTERNATIONAL FALL CLASSIC TOURNAMENT

TEAM ROSTER & ENTRY FORM

MUST BE FILLED OUT COMPLETELY TO ENTER

Team Tournament Fee: \$1100 – Please make checks payable to: Springfield Pics Hockey

Organization: _____ **Team Name:** _____

Division for '09 - '10 Season (*Check One*) Mite Pee Wee Minor Bantam Major
 Squirt Minor Pee Wee Major U16 Girls
 Squirt Major Bantam Minor U19 Girls

Manager/Coach: _____

Mailing Address: _____

Phone/Fax: _____

JERSEY #	PLAYER NAME	POSITION	Head Coach:
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	Assistant Coach:
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	General Manager:
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	<i>Please mail this form along with entry fee to:</i>
11. _____	_____	_____	_____
12. _____	_____	_____	Don Hemenway,
13. _____	_____	_____	Fall Classic Registration Dir.
14. _____	_____	_____	19 Joan Street,
15. _____	_____	_____	Wilbraham, MA 01095
16. _____	_____	_____	Phone: 413-599-4612
17. _____	_____	_____	Cell: 413-246-7014
18. _____	_____	_____	E-mail:
19. _____	_____	_____	<i>dhemeway@mylandair.com</i>
20. _____	_____	_____	<i>Please make check payable to:</i>
			Springfield Pics Hockey

Home Jersey Color _____ Away Jersey Color _____