



2024 ORIGINAL SPRINGFIELD PICS HOCKEY
INTERNATIONAL FALL CLASSIC TOURNAMENT



TEAM ROSTER & ENTRY FORM

MUST BE FILLED OUT COMPLETELY TO ENTER

Team Tournament Fee: \$1450 – Please make checks payable to: Springfield Pics Hockey

Organization: _____ **Team Name:** _____

Division for '24 - '25 Season Squirt Minor Pee Wee Minor Bantam Minor
(Please Check One) Squirt Major Pee Wee Major Bantam Major

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. _____	_____	_____	Rob Bonneau,
12. _____	_____	_____	Fall Classic Registration Dir.
13. _____	_____	_____	135 Langevin Street,
14. _____	_____	_____	Chicopee, MA 01020
15. _____	_____	_____	Cell: 413-210-0176
16. _____	_____	_____	E-mail:
17. _____	_____	_____	<i>robbonneau18@gmail.com</i>
18. _____	_____	_____	_____
19. _____	_____	_____	<i>Please make check payable to:</i>
20. _____	_____	_____	Springfield Pics Hockey

Home Jersey Color _____ Away Jersey Color _____