



CCWHL "Spring Fling" Tournament

April 7 - 9, 2017

Official Registration & Roster Form

Team Name: _____ Contact Person: _____
Contact Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

Please make check out to: CCWHL ~ Team Cost: \$850 and deadline is March 25, 2017
Mail Payment to: CCWHL
PO Box 119
Falmouth, MA 02541

Please Circle Division: Recreation D Level C Level
(please consult tournament division guidelines)

Team Roster ~ please complete for each team member.
All players must be older than 18 and registered with USA Hockey for the current season

Player's Name	USA Hockey Number
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____
13. _____	_____
14. _____	_____
15. _____	_____

Please email this form to Tricia Devine at springfling@ccwhl.com.
Return this completed form and mail along with payment to address listed above.