

Eastern Hockey SHOWCASE May 15-18, 2008



The Premier 20 & Under Hockey Event In The East

Individual Player Application

TOURNAMENT FEATURES

- Eastern Junior Hockey League teams and other competitive Junior teams from the United States and Canada
- Certified Junior Officials for all games
- Two 25-minute periods for all play down games
- On-site certified EMT for all games
- Three game guarantee for all teams
- Updated Game results on the Eastern Showcase website
- Tournament Cost: \$175

VALLEY FORUM - HAVERHILL, MA

- Two 200' x 85' playing surfaces
- Only 30 minutes from Boston conveniently located off of Route 495 - Exit 48
- Arcade and concessions onsite
- 12 locker rooms
- Glassed-enclosed mezzanine level
- Full-service pro shop with skate sharpening
- Physical Training Center managed by Athletic Evolution

Player Name: _____ Day Phone: _____ Evening Phone: _____

Cell Phone: _____ Email: _____

Street: _____ City: _____ State: _____ Zip: _____

Previous Team Name: _____ IMR#: _____

I/we understand that accident, health and personal insurance are not provided. If under the age of 18, I/we verify the above information to be true and give our child permission to participate in the 2008 Eastern Showcase. I/we the parents/guardians of the above named registrant in the Eastern Showcase, hereby give permission for the registrant to participate in any and all activities during the 2008 Eastern Showcase. I/we hereby waive, release, absolve, indemnify and agree to hold blameless the Valley Jr. Warrior, its organizers, sponsors, supervisors, rinks, participants and persons transporting my/our registrant to and from activities and any claims arising from an injury to my/our registrant. I/we assume all risks and hazards incidental to such activities and participation.

Player's Signature: _____ Age: _____ Date: _____

Parent's/Guardian's Signature: _____ Date: _____
(If participant is 17 years or younger)

For more information please contact:

Andy Heinze - (978) 557-5518 x107
aheinze@jrwarriors.com OR

Darlene Roberge - (978) 557-5518 x109
darlene@valley-associates.com

A non refundable \$175 is due with the application by **May 1, 2008**.

Payment Method:

- Check** (enclosed)
Do NOT fax. Must be mailed.
Mail to: Jr. Warriors
7 Parkridge Road
Haverhill, MA 01835
- Credit Card** Mail or fax to
978-557-5519

Credit Card Information:

Card holder Name: _____

Card holder Address: _____

Card holder Telephone: _____

Card Type: AMEX VISA Master Card

Card Number: _____ Expires: ____/____

Amount: \$ _____

Card holder Signature: _____

The issuer of this card is authorized to pay the amount shown as TOTAL upon proper presentation. The card holder agrees to pay such total subject to and in accordance with the agreement governing the use of such card. The Jr. Warriors is authorized to accept telephone orders from our business and charge to this card.

