

NEW JERSEY COLONIALS TOURNAMENT REQUEST

	COACH/MANAGER INFORMATION	
Date		
Name		
Address		
City	State/Zip	
Program	Team	
	TOURNAMENT INFORMATION	
Tournament Name		
Tournament Dates		
Stay to Play?	Payment Terms/Invoice Number:	
-	** Contact the tournament if you do not have an option to pay by check when registering.	
	CC Hockey Director, Accounting and Hockey Ops on e-mail so all are aware.	
Primary Rink Name		
Address		
City	State/Zip	
	CHECK INFORMATION	
Check Payable to:		
Mail to:		
Mailing Address		
City	State/Zip	

Team(s)		ENTRY FEE	FEE DUE DATE	DEPOSIT	DEPOSIT DUE BY	DISCOUNT		TOTAL
SAMPLE	\$	1,500.00	9/15/2024	\$ 500.00	7/15/2024	\$ 250.00	\$	1,250.00
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	_							
	_						-	
	_					Tatal		
						Total		

Coach Signature

Date

Manager Signature

Date

NJC BOD Signature Approval