



Date \_\_\_\_\_  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State/Zip \_\_\_\_\_  
 Program \_\_\_\_\_ Team \_\_\_\_\_

Tournament Name	
Tournament Dates	
Stay to Play?	Payment Terms/Invoice Number:
<p>** Contact the tournament if you do not have an option to pay by check when registering</p> <p>CC Hockey Director, Accounting and Hockey Ops on e-mail so all are aware.</p>	
Primary Rink Name	
Address	
City	State/Zip

Check Payable to:	
Mail to:	
Mailing Address	
City	State/Zip

Manager Signature	Date
NJC BOD Signature Approval	Date