

# CFHL TEAM REGISTRATION FORM

Please Print Or Type All Information

Team Name: \_\_\_\_\_

Team Organization \_\_\_\_\_

Team Representative \_\_\_\_\_ Phone # (    ) \_\_\_\_\_

Address \_\_\_\_\_ E-Mail \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Division AA: Circle Division Desired

Mite          Squirt          Pee Wee          Bantam          Midget

Division A: Circle Division Desired

Squirt          Pee Wee          Bantam          Midget

A non-refundable check payable to the arena you practice at in the amount of \$2,900 for Mites or \$3,550 for all other divisions must accompany this form. In the event you do not practice at a participating arena a check made out to TBSA for \$2,900 for Mites or \$3,550 for all other divisions must be sent with this registration form to TBSA Att; Allan Hunter, 255 Forest Lakes Blvd. N. Oldsmar, Fl. 34677. Refunds will only be made in the event four teams or more do not enter the division you have applied for. All teams will be placed in the 2010 Central Florida Hockey Spring League on a first-come, first served basis, with the date of receipt of the application and check being the determining factor. Teams allowed per division will be determined solely by number of ice hours available per division. All associations or individuals entering a team will be liable for the total season balance. Deadline for registration is Saturday, March 20, 2010

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For Office Use Only

Date Registered \_\_\_\_\_

Date Application Received \_\_\_\_\_

Check Received By \_\_\_\_\_

Check # And Amount \_\_\_\_\_