

South Carolina Cup Spring Tournament Application Form

(Please print or type)

****Please send Roster with birth years, Application Form and Deposit together****

Tournament Name/Date : _____

Team Level and Caliber ie: (Peewee A) _____ Birthyears: _____

Team Name and City: _____

Team Rep Address and Phone: _____

Name

Address

City

State

Zip Code

Home Phone #

Cell Phone #

Email Address

1) Approximate number of hotel rooms needed. _____

2) Body Checking _____ No Body Checking _____

3) We will need a copy of Roster with names & birthyears

Enclosed _____ To Follow _____

To register on-line visit <http://www.chehockey.com/>

Or

1-800-461-2161 (English) or 1-855-461-2162 (Français)

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