



REGISTRATION FORM

TEAM INFORMATION		
TEAM NAME:	CURRENT LEAGUE:	LEVEL OF PLAY:
MAILING ADDRESS:		
CITY:	STATE:	ZIP:
CURRENT RECORD		
WIN/LOSS RECORD:	GOALS FOR/GOALS AGAINST:	
LEAGUE WEBSITE:		
CONTACT INFORMATION		
HEAD COACH:	MANAGER:	
HEAD COACH PHONE:	MANAGER PHONE:	
HEAD COACH EMAIL:	MANAGER EMAIL:	
<p>This application is a request to be in the tournament and does not imply any acceptance until you are notified in writing by Atlanta Fire Hockey Club Tournament Director.</p> <p>Contact information for Tournament Host hotels will be provided once your application is accepted. Your team must stay at host hotels.</p> <p>FULL PAYMENT IS DUE TO HOLD A SPOT. \$250 of the fee is non-refundable. Refund requests must be made by November 1, 2010 in writing. No refunds will be given after December 1st, 2010.</p> <p>Send Registration, payment and Certified USA HOCKEY ROSTER to:</p> <p style="text-align: center;"><i>Tournament Director - Atlanta Fire Hockey Club 10800 Davis Drive, Alpharetta, GA 30009</i></p> <p>Checks or Money orders (made to 'ATLANTA FIRE HOCKEY CLUB') with total fees due must be sent with application. Please e-mail the tournament director on how to pay via credit card. Please direct any and all questions to the Tournament Director at atlfreedom@coolerathletics.com.</p>		
OFFICE USE ONLY		
Application accepted: Y/N	Payment received	Payment Type:
DATE:		