

2008 Summer Showdown
TOURNEY APPLICATION
COMPLETE AND RETURN IMMEDIATELY

NAME _____ DOB _____ - _____ - _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (_____) _____ - _____ Cell Phone (_____) _____ - _____

E-mail _____

2007-08 Team/2008-09 Team _____ / _____

FATHER _____ OCCUPATION _____

MOTHER _____ OCCUPATION _____

Position _____ HGT _____ WGT _____ Shoot _____

WAIVER: Upon entering events sponsored by NH Jr. Monarchs, I/We agree to abide by the rules of USA Hockey. I/We understand that participation and observation of the sport of hockey constitutes a risk to me/us of serious injury, including paralysis or death. I/We voluntarily and knowingly recognize, accept, and assume the risk and release NH Jr. Monarchs, its affiliates, their sponsors, event organizers, and officials from any liability therefore.

Signature _____ Date _____

Parent Signature (if under 18) _____ Date _____

Tourney Fee: **\$225 - submit with application, includes all games and team jersey**

Make Checks Payable to: **Team NNE**

Mail to: **Team NNE**
Att: Sean Tremblay
23 Pleasant Street #505
Newburyport, MA 01950
Office phone: (603) 270-1013
Cell phone: (978) 609-5577