

2010 Summer Showdown
TOURNEY APPLICATION
COMPLETE AND RETURN IMMEDIATELY

NAME _____ DOB _____ - _____ - _____

MAILING
ADDRESS _____

CITY _____ STATE _____ ZIP _____

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

E-mail _____

2009-10 Team/2010-11 Team _____ / _____

FATHER _____ OCCUPATION _____

MOTHER _____ OCCUPATION _____

Position _____ HGT _____ WGT _____ Shoot _____

WAIVER: Upon entering events sponsored by NH Jr. Monarchs, Team NNE, Tri Town Ice Arena, 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, Team NNE, Tri Town Ice Arena, 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: **Sean Tremblay**
155 Elm Street
Byfield, MA 01922