

GRADE ENTERING:	PLEASE TICK ONE:
U10/U12	
U14/U16	
U18/Senior	

SEND FORM TO

tournament@hamiltondevils.co.nz

ENTRY FEE \$250 PER TEAM
PAYABLE TO:
HAMILTON INLINE HOCKEY CLUB
BANK A/C 020316-0041458-00

Team Name:				
Player Name:	Age Group (2016)	Current Club		
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

		II.		
Contact Person:				
Email:				
Phone No:				
The (Team Name)	Enter this tournament and agree t	o abide by the rules and		
regulations and any decisions made by the Tournament Organizing Committee.				
Each team to contribute a referee where possible. Na	ame and email of referee:			