

CYHA
6th Annual **Golden Puck**
Invitational Youth Hockey Tournament
January 14-17th, 2011
Carolina Ice Palace
Charleston, SC

Intent to Participate Form:

Division: _____ Rec/B or "A"

Team Name: _____

Contact name: _____

Contact address: _____

Email Address _____

Contact phone #: (home) _____ (cell or work): _____

Contact fax #: _____

Team colors: (home) _____ (visitors) _____

Payment Information	
Payment Method	<input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard
Credit Card Number: _____	Expiration Date: _____
Card Holder's name: _____	
Card Holder's signature: _____	

Return this form and **NON-Refundable** check or credit card payment in full of \$795 (Mite/Squirt) or \$825 (Peewee/Bantam) to ensure an entry to the tournament by Monday, December 20th, 2010.

Mail to: Carolina Ice Palace
C/o Golden Puck Tournament Director
7665 Northwoods Blvd.
N. Charleston, SC 29406

