

CAMILLUS MITE NEW YEAR'S SNOWDOWN

Registration Form



Contact Person: _____

Email Address: _____

Organization: _____

Division: (Circle one of the following) Jersey Color:

RED (\$400) WHITE (\$400) BLUE (\$175)

Home	Away

FIRST NAME	LAST NAME	USA Hockey CEP#	JERSEY #
Coaches:			
Players:			

Make Checks payable to CYHA and Mail to: Matthew Alfieri, CYHA Tournament Director
106 Hillside Way, Camillus, NY 13031