

# 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 (\$200)

Home	Away

FIRST NAME	LAST NAME	USA Hockey CEP#	JERSEY #
<b>Coaches:</b>			
<b>Players:</b>			

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