

CAMILLUS MIDGET HOLIDAY CLASSIC 3 V 3 TOURNAMENT

Registration Form



Contact Person: _____

Email Address: _____

Organization: _____

PRICE: \$475

Jersey Color:

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