



11th Annual

2010 Junior Bruins Shootout

TEAM APPLICATION

September 24-26, 2010

at

New England Sports Center (Marlboro, MA)

**NO MIDGET team will be considered for entry unless a check/CC info is accompanied with the application*

If you are entering multiple teams YOU MUST submit an application for each team

Team: _____

Mailing Address: _____

Street/PO Box

City

State

Zip

Division: (circle one)

EJHL

Empire

Midget U-19

Midget U-16

Phone: _____ **Fax:** _____

Email: _____ (please print clearly)

Contact Name and Phone: _____

Head Coach:

Name: _____

Phone: _____ Email: _____

_____ Please check here if you are able to participate in a morning game. **Note:** We will be accepting teams first that can commit to being able to play on Friday morning.

Cost:

EJHL: \$675/game

Empire: \$650/game

Midget: \$1850

Checks made payable to:

Junior Bruins Hockey

PLEASE CONTACT PETER MASTERS WITH ANY QUESTIONS

Junior Bruins Hockey

121 Donald Lynch Blvd.

Marlboro, MA 01752

Phone/Fax: 508.820.1600

www.bostonjuniorbruins.com

info@bostonjuniorbruins.com

OFFICE USE ONLY:

Process application

Return application

Confirmation sent



Junior Bruins Hockey

Credit Card Authorization Form

Name: _____ Payment for: _____

Billing address: _____

For credit card payments only:

I, _____ authorize Junior Bruins Hockey to charge
my MC/Visa (circle one) in the amount of \$ _____ (+ .03% service charge) for

_____.

Signature of card holder

Today's date

Name as it appears on card:

Credit Card #:

_____ / / / - / / / - / / / - / / /

Expiration Date: _____

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