

2009 PRAIRIE RIDGE INVITATIONAL



**OCTOBER 10-12, 2009
HIGH SCHOOL JUNIOR VARSITY TEAMS**

2009 PRAIRIE RIDGE INVITATIONAL

CRYSTAL ICE HOUSE, CRYSTAL LAKE, ILLINOIS - COLUMBUS WEEKEND

**THE TOURNAMENT IS SANCTIONED BY USA HOCKEY AND ALL TEAMS MUST BE
USA HOCKEY REGISTERED**

USA HOCKEY TOURNAMENT SANCTION # ILH0072

TEAMS: EIGHT (8) JUNIOR VARSITY HIGH SCHOOLS. PERIOD: THREE (3) FOURTEEN (14) MINUTES

**FORMAT: TWO (2) DIVISION OF FOUR (4) TEAMS WILL PLAY A ROUND-ROBIN. ALL TEAMS ARE
GUARANTEED THREE GAMES WITH DIVISION WINNER AND RUNNER-UP ADVANCING TO THE SEMI-
FINALS AND FINALS, WHICH WILL BE HELD ON MONDAY, OCTOBER 12TH.**

TEAM TROPHIES WILL BE PRESENTED TO THE FIRST AND SECOND PLACE TEAMS.

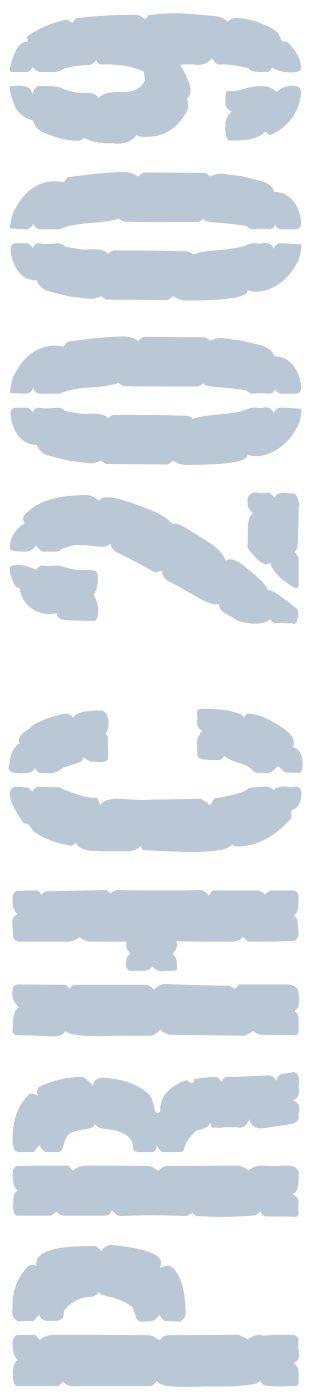
ENTRY FEE: \$1025.00 (PAYABLE TO PRAIRIE RIDGE HOCKEY CLUB)

**A NON-REFUNDABLE DEPOSIT IN THE AMOUNT OF \$500.00 IS REQUIRED WITH THE APPLICATION
FORM TO HOLD YOUR SPOT IN THE TOURNAMENT.**

**PLEASE MAIL PAYMENT TO : PRAIRIE RIDGE HOCKEY CLUB
P.O. BOX 2083, CRYSTAL LAKE, ILLINOIS 60039**

ADDITIONAL INFORMATION: EMAIL: KEITH.VANDAMME@FIREWAGONHOCKEY.COM

REGISTRATION FORM



2009 PRAIRIE RIDGE INVITATIONAL HOCKEY TOURNAMENT ILH0072
YOUR DEPOSIT IN THE AMOUNT OF \$500.00 IS REQUIRED ALONG WITH YOUR
APPLICATION FORM TO HOLD YOUR SPOT IN THE TOURNAMENT,
DEPOSIT/APPLICATION: DUE BY AUGUST 24TH
REMAINING BALANCE DUE BY SEPTEMBER 12TH ALONG WITH YOUR
CERTIFIED ROSTERS
P. O. BOX 2083, CRYSTAL LAKE, ILLINOIS 60039
847.815.2623 OR VIA E-MAIL AT KEITH.VANDAMME@FIREWAGONHOCKEY.COM

This application does not constitute an acceptance in the tournament. If for any reason your team is unable to attend after acceptance, you will need to notify the appropriate tournament director immediately. Teams canceling within one month of the tournament date may be subject to a forfeiture of their deposit or entry fee, depending on whether another team can be found as a replacement. Registration in the Tournament constitutes acceptance of the conditions and rules of the tournament, including that the PRAIRIE RIDGE HOCKEY CLUB AND ITS DIRECTORS assumes no responsibility for accidents, injury or loss of property.

APPLICANT NAME/MANAGER: _____

SIGNATURE: _____

ADDRESS: _____

DATE: _____

HOME NUMBER : _____

OFFICE PHONE: _____

FAX: _____

CELL #: _____

E-MAIL ADDRESS: _____

TEAM NAME: _____