



**2010 Killer B
Hockey Tournament**
Shaker Youth Hockey Association
February 11th -14th 2010
Application Form

Full payment must accompany application form

Team Name: _____ Level: _____

League Name: _____ City: _____

Team Manager: _____ Phone: (H) _____

Address: _____ Phone:(C) _____

City: _____ State: _____ Zip: _____

Email Address: _____

Head Coach: _____ Phone: (H) _____

Address: _____ Phone:(C) _____

City: _____ State: _____ Zip: _____

Email Address: _____

Jersey Home Colors: Base: _____ Trim: _____

Jersey Away Colors: Base: _____ Trim: _____

Entry Fee Enclosed: Yes Amount: \$ _____

Mite C: \$725

Mite: \$775

Squirt: \$775

PeeWee: \$775

Team Representative Signature: _____ Date: _____

Send Registration and Payment to:

Mike Bates
Killer B Tournament
2660 Eaton Road
University Heights, OH 44118
