

PROUD
PARTNERS
OF



**ADULT HOCKEY TOURNAMENT
FRIDAY & SATURDAY**

JANUARY 3 & 4, 2020

- ★ Competitive & Recreational divisions
- ★ 3 games guaranteed
- ★ Players must be 18+
- ★ All games played at Kinsmen and Kiwanis Arenas
- ★ Certified referees
- ★ Prizes for the winners!

PRICING

\$875

Incl. HST
Per Team



To register, please contact
Dale Conacher @ 905-464-6683
dale@stoneridgese.com
or Gord Mast @ 519-829-9591
gmast@kitchenerhockeydevelopment.com



REGISTRATION FORM (Please print)

Once completed, please fax to 905-336-9311

FREY CUP ADULT HOCKEY TOURNAMENT - JANUARY 3 & 4, 2020

I am registering my team for: Competitive Division
 Recreational Division

Team Rep Name: _____

Address: _____

City: _____ Province: _____

Country: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact Name & Number: _____

Participant's Date of Birth (yyyy/mm/dd): _____ / _____ / _____

E-mail: _____

Team Name: _____

Tournament Entry Fee: **\$875.00** (includes HST)
A \$450 credit card deposit (non-refundable) is required upon registration.
Final team payments (less deposit) are due Friday, December 20, 2019

ALL CREDIT CARD TRANSACTIONS WILL INCUR A 3.2% PROCESSING FEE ABOVE PRICE AND TAX.

Payment Options: Cash Cheque (Payable to KAHL) Visa MasterCard

Credit Card #: _____ Expiry: _____ / _____

REGISTRATION CANCELLATIONS ARE SUBJECT TO A \$25 SERVICE CHARGE.

KAHL REQUIRES YOUR PERSONAL INFORMATION TO ESTABLISH AND SERVICE YOUR NEEDS AS A CLIENT. WITH YOUR PERMISSION, YOUR PERSONAL INFORMATION MAY BE COLLECTED, USED AND DISCLOSED BY KAHL FOR THE FOLLOWING PURPOSES: CONFIRMING YOUR APPLICATION INFORMATION AND ASSESSING YOUR ELIGIBILITY FOR PRODUCTS OR SERVICES, PROVIDING YOU WITH ONGOING SERVICES, ESTABLISHING AND MAINTAINING COMMUNICATION WITH YOU AND RESPONDING TO ANY INQUIRIES YOU MAY HAVE, NOTIFYING YOU ABOUT KAHL UPCOMING EVENTS AND ACTIVITIES AND TO MEET LEGAL AND REGULATORY REQUIREMENTS. YOUR CONSENT IS IMPLIED BY YOU FILLING OUT THIS FORM. YOUR PERSONAL INFORMATION WILL BE KEPT ON OUR FILES FOR A MAXIMUM OF 2 YEARS. TO FIND OUT MORE ABOUT OUR LEAGUES PLEASE CONTACT GMAST@KITCHENERHOCKEYDEVELOPMENT.COM I UNDERSTAND THAT I AM PERMITTING WAVE HOCKEY INC. TO USE MY EMAIL ADDRESS FOR COMPANY-RELATED COMMUNICATIONS. I THE UNDERSIGNED AGREE TO ALLOW WAVE HOCKEY INC AND/OR ITS RELATED COMPANIES TO USE THE PARTICIPANTS' NAMES AND OR PICTURES FOR ADVERTISING PURPOSES.

Name: _____ Signature: _____ Date: _____