

# MOOSE WINOOSKI CUP

NOV 3 - 5, 2017



- ★ 3 games guaranteed
- ★ Games at Kitchener Auditorium (Kinsmen & Kiwanis Rink)
- ★ Divisions:
  - 19+ A/B, 19+ C/D
  - 30+
  - 40+
- ★ Prizes to the winning teams!
- ★ Certified referees

★ *Early Bird Discount!*  
Sign up by Sept. 15 for  
**\$75 OFF**

PROUD  
PARTNERS  
OF



## PRICING

# \$850

Incl. HST  
Per Team

To register, contact Gord Mast

@ 519-829-9591  
or [gmast@kitchenerhockeydevelopment.com](mailto:gmast@kitchenerhockeydevelopment.com)



## REGISTRATION FORM (Please print)

Once completed, please fax to 905-336-9311

# KAHL MOOSE WINOOSKI CUP - NOVEMBER 3 - 5, 2017

I am registering my team for:  19+ A/B Division  30+ Division  40+ Division  
 19+ C/D 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: \$850.00 (includes HST)

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 [GMASTR@KITCHENERHOCKEYDEVELOPMENT.COM](mailto:gmastr@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: \_\_\_\_\_