

Registration Form
1 st Annual "Hockey Skills Competition" Memorial Event

Please make checks payable to Eddie Travis 4 Memorial Fund

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ DOB: _____

Check One:

- Male
- Female

Check Participant's
Age Group:

- Ages: 7-11 Yellow Jerseys
- Ages: 12-15 White Jerseys
- Ages: 16-20 Green Jerseys

Check Jersey Size:

- Youth Small
- Youth Medium
- Youth Large
- Youth XL

Name on Jersey:

Visa MC Amex Discover

I _____,
authorize the payment of \$ _____
to be charged to credit card below.

Name on Card:

Credit Card Info:

Exp. Date: _____

Security Code: _____

Signature:

Date: _____

All sponsorship money collected will go
directly into the Eddie Travis 4 Memorial
Fund