

HOLIDAY CROSS-ICE CLASSIC 2018



HOLIDAY CROSS-ICE CLASSIC

**December 26 - 28, 2018
Asiaf Arena, Brockton MA**

Open to Mite & Squirts

Mite A - 12/27

Mite B - 12/26

Mite C - 12/26

Squirt B & C - 12/28

\$349/TEAM

3 game guarantee, 5 game max

**FOR MORE INFORMATION OR TO REGISTER:
WWW.FMCHOCKEYLEAGUES.COM OR 1-888-74-SKATE**

HOLIDAY CROSS-ICE CLASSIC 2018



TEAM COST = \$349

**3 Game Guarantee, 5 Game Max
Awards for Champions and Finalists
9:00am-2:00pm**

Team Name: _____ Team Contact/Coach: _____

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Level (Mite or Squirt): _____

Division (A, B or C): _____ Cross-Ice-Tournament Location / Dates: **Asiatic Arena, Brockton, December 26-28, 2018**

REGISTER BY MAIL OR ONLINE

To register by mail, complete the registration form and mail it with payment (check or money order) to the address below.
To register online, simply go to www.fmchockeyleagues.com.

FMC Ice Sports
100 Schoosett Street, Building #3
Pembroke, MA 02359

WAIVER & RELEASE: I, the undersigned, do hereby acknowledge that in consideration of my child participating in any way in the Holiday Cross-Ice Classic may be exposed to risk of injury that is inherent in ice skating programs. I hereby acknowledge that Facility Management Corporation and FMC Ice Sports staff are not responsible for any damage or injuries that result from my child's participation in this program. I grant to FMC Ice Sports, its representatives and employees the right to take photographs of myself/my child in connection with the above-identified ice sports program. I agree that FMC Ice Sports may use such photographs for any lawful purposes, including for example such purpose as publicity, illustration, advertising and Web content.

Parent/Guardian Signature: _____ Date: _____

TEAM AGREEMENT: By submitting this registration form, I will be the primary contact person for the above named team for the purposes of this tournament. I commit to pay tournament fee in full prior to the start of the tournament.

Team Contact/Coach Signature: _____ Date: _____

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