

Intent to Participate Form
Carolina Ice Palace
Adult Hockey Tournaments
Charleston, South Carolina

Division Prizes Sponsored by:



Intent to Participate Form

"A" "B" Open "C" Open "Over 40" Open "Women's" Open

Team Name: _____

Contact name: _____

Contact address: _____

Email Address: _____

Contact phone #: (home) _____ (cell or work): _____

Contact fax #: _____

Team colors: (home) _____ (visitors) _____

Payment Information

Payment Method Check Visa MasterCard American Express Discover

Credit Card Number: _____ **Expiration Date:** _____

Card Holder's name: _____

Card Holder's signature: _____

\$725 or \$350 to ensure an entry to the tournament ASAP.

The balance of \$400 is due by: April 2nd, 2010.

Don't delay as these tournaments fill quickly!

Mail to: Carolina Ice Palace

c/o Matt Mons

7665 Northwoods Blvd.

N. Charleston, SC 29406

Office: (843) 572-2717 ext. 18 Fax: (843) 572-5564