



**Oct. 20-23, 2016**

**The Rinks Irvine Inline – Irvine, CA**

ONLINE REGISTRATION AND PAYMENT NOW AVAILABLE <http://tinyurl.com/GBPH2014>

**TEAM REGISTRATION INFORMATION**

Team Name

Coach/Manager Name

Coach/Manager Address

City

Home Phone

EMAIL (required)

	State		Zip	
	Cell Phone			

Please complete the following registration information by checking the blank next to the division and level of play for your team (type in X). Please complete one form for each team you wish to register. Age cut off for the club division is based on the players' age as of December 31st, 2016. Please see Age Classification, Registration Information and Tournament Rules on the GBPH website [www.givebloodplayhockey.org](http://www.givebloodplayhockey.org) for further information.

**Club Division**

(Need to convert Age to Club Division? See our Tournament Rules to learn more.)

Age Level

8U

10U

12U

14U

16U

18U

Skill Level

Beginner

Intermediate

Advanced

**Scholastic Division**

High School JVA  High School JVB  College

**Women's Division**

- Women's Lower: Beginner / Lower Intermediate
- Women's Upper: Upper Intermediate / Advanced

**Men's/Co-Ed**

Skill Level:  Beginner  Intermediate  Advanced  PRO

What Division did this Team play in the 2015-2016 Season (or Last)?

What is this Team's Home Rink? (Enter name of rink)

Any Comments about this Team?

Any playing time conflicts for this team?


MORE REGISTRATION DETAILS ON NEXT PAGE

OCT. 20 23, 2016



The Rinks Irvine Inline - Irvine, CA

*Giving the Gift of Life*

**TEAM REGISTRATION INFORMATION**

Team Name

Age Level / Division

**PLAY. GIVE. DONATE. SAVE!**

Team registration fees are tax deductible. If you register at least two adults to give blood you can apply a \$25 discount to your registration fees. Pay early and save \$50! Register online or use this form.

**ONLINE REGISTRATION AND PAYMENT SITE:** <http://tinyurl.com/GBPH2014>

Select your tournament entry fee:

\$500 PER TEAM

Early registration by September 16, 2016

\$550 PER TEAM

Registration after September 16, 2016

\$25 PER TEAM

Discount for Two Blood Donations

\$1000

SPONSORSHIP

Registration Fee is Included

Your Team Fee \$

**DONORS:**

Blood Donor #1

Name

Age

Phone

Blood Donor #2

Name

Age

Phone

**Yes we would like to donate a gift basket and get free raffle tickets (see next page)**

**Yes we would like to donate baked goods and get free raffle tickets (see next page)**

All fees are to be paid by credit card, cash, check, or money order and are due by October 11, 2016. Please make checks payable to: **CHOC Foundation** Tax ID# 95-6097416

Please Charge My:

(Enter one: Visa, MasterCard MC, American Express AE)

Card #

Exp.

Name on Card

Billing Address

City

State

Zip

Signature

Completed registration packets may be delivered to The Rinks Irvine Inline., or Faxed to The Rinks at: (949) 559-9948, or emailed to [gbph4choc@gmail.com](mailto:gbph4choc@gmail.com) For more information, please refer to our web site: [www.GIVEBLOODPLAYHOCKEY.org](http://www.GIVEBLOODPLAYHOCKEY.org) or consult with your GBPH volunteer.