



ONLINE REGISTRATION AND PAYMENT NOW AVAILABLE
<http://givebloodplayhockey.org/register/>

TEAM REGISTRATION INFORMATION

Team Name				
Coach/Manager Name				
Coach/Manager Address				
City	State	Zip		
Home Phone	Cell Phone			
EMAIL (required)				

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, 2018. Please see Age Classification, Registration Information and Tournament Rules on the GBPH website www.givebloodplayhockey.org for further information.

Club Division

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

Age Level	<input type="checkbox"/>	8U	<input type="checkbox"/>	10U	<input type="checkbox"/>	12U	<input type="checkbox"/>	14U	<input type="checkbox"/>	16U	<input type="checkbox"/>	18U	<input type="checkbox"/>
Skill Level	Beginner	<input type="checkbox"/>	Intermediate	<input type="checkbox"/>	Advanced	<input type="checkbox"/>							

Women's Division

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

Co-Ed

Skill Level: Beginner Intermediate Advanced PRO

What Division did this Team play in the 2017-2018 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



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. Register online or use this form.

ONLINE REGISTRATION AND PAYMENT SITE: <http://givebloodplayhockey.org/register/>

Select your tournament entry fee:

\$550 PER TEAM

Registration Fee

\$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 7, 2018. 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 containing checks, cash or money orders may be delivered to The Rinks Irvine Inline, Attn: Give Blood Play Hockey. For more information, please refer to our web site: www.GIVEBLOODPLAYHOCKEY.org, or email gbph4choc@gmail.com.