

CHEEKTOWAGA WARRIORS YOUTH HOCKEY
JEFFREY B. SCOTT MEMORIAL TOURNAMENT REGISTRATION FORM



TEAM NAME AND DIVISION: _____

LEAGUE NAME: _____

COACH'S NAME: _____

ADDRESS: _____

CITY / TOWN: _____ STATE: _____ ZIP: _____

PHONE DAY: _____ PHONE EVE: _____

E-MAIL: _____

MANAGER'S NAME: _____

ADDRESS: _____

CITY / TOWN: _____ STATE: _____ ZIP: _____

PHONE DAY: _____ PHONE EVE: _____

E-MAIL: _____

Applications are accepted on a first come first serve basis.

*The Tournament Director reserves the right to accept or reject any team, at any time.
100% House League Teams Only – No Travel or Select Teams, Please.*

Please return this application form, Official USA Hockey Team Roster and payment in US funds payable to the: Town of Cheektowaga.

Mail Registration Form and Payment to:
Jeffrey B. Scott Memorial Tournament
c/o Eric Godzich
275 Alexander Ave
Cheektowaga, NY 14211