



CLINTON COMETS YOUTH
HOCKEY ASSOCIATION
SLEIGH BELL JAM

DECEMBER 3-5, 2021

ORGANIZATION NAME: _____

TEAM NAME: _____

LEVEL (CIRCLE ONE): MITE: BLUE (8U) \$500

MITE: WHITE (8U) \$500

MITE: RED (8U) \$500

FULL PAYMENT IS DUE AT TIME OF REGISTRATION.

PRIMARY CONTACT PERSON: _____

ADDRESS: _____

PHONE #: _____ E-MAIL: _____

TEAM COLORS (HOME): _____ (AWAY): _____

By signing below you are agreeing to our tournament guidelines and terms

Coach/Manager Signature: _____ Date: _____

Please send your completed application, team roster, and a check for the tournament fee to the address below. All checks should be made out to **Clinton Comets Youth Hockey Association**.

CLINTON COMETS YOUTH HOCKEY ASSOCIATION
ATTN: SLEIGH BELL JAM
P.O. BOX 312
CLINTON, NY 13323