



## REGISTRATION FORM

TEAM INFORMATION		
TEAM NAME:	CURRENT LEAGUE:	LEVEL OF PLAY:
MAILING ADDRESS:		
CITY:	STATE:	ZIP:
LEAGUE WEBSITE:		
CONTACT INFORMATION		
HEAD COACH:	MANAGER:	
HEAD COACH PHONE:	MANAGER PHONE:	
HEAD COACH EMAIL:	MANAGER EMAIL:	
<p>This application is a request to be in the tournament and does not imply any acceptance until you are notified in writing by The Cooler Classic Tournament Director.</p> <p>Contact information for Tournament Host hotels will be provided once your application is accepted. <b><u>Your team must stay at host hotels.</u></b></p> <p><b><u>FULL PAYMENT OF \$800.00 IS DUE TO HOLD A SPOT.</u></b> \$250 of the fee is non-refundable. Refund requests must be made by <b>October 15, 2008</b> in writing. No refunds will be given after <b>November 1<sup>st</sup>, 2008.</b></p> <p>Send Registration, payment and Certified USA HOCKEY ROSTER to:</p> <p style="text-align: center;"><i>Tournament Director – 2008 Cooler Classic 10800 Davis Drive, Alpharetta, GA 30004</i></p> <p><b>Checks or Money orders (made to THE COOLER!) with total fees due must be sent with application.</b> You can fax info also to 770-649-6572. Visa, MasterCard &amp; American Express is accepted. Please e-mail the tournament director on how to pay via credit card. Please direct any and all questions to the Tournament Director at <a href="mailto:stevejacobs@cooler.com">stevejacobs@cooler.com</a>.</p>		
OFFICE USE ONLY		
Application accepted: Y/N	Payment received	Payment Type:
DATE:		