

# Eastern Hockey SHOWCASE May 15-18, 2008



The Premier 20 & Under Hockey Event In The East

## TOURNAMENT FEATURES

- Eastern Junior Hockey League teams and other competitive Junior teams from the United States and Canada
- Certified Junior Officials for all games
- Two 25-minute periods for all play down games
- On-site certified EMT for all games
- Three game guarantee for all teams
- Updated Game results on the Eastern Showcase website
- Tournament Cost: \$1,800

## VALLEY FORUM - HAVERHILL, MA

- Two 200' x 85' playing surfaces
- Only 30 minutes from Boston conveniently located off of Route 495 - Exit 48
- Arcade and concessions onsite
- 12 locker rooms
- Glassed-enclosed mezzanine level
- Full-service pro shop with skate sharpening
- Physical Training Center managed by Athletic Evolution

Team Name: \_\_\_\_\_ Team Website: \_\_\_\_\_

Team Representative: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Eve Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Team Coach: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Eve Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I understand that accident, health and personal insurance are not provided. I verify the above information to be true and give our team/program permission to participate in the 2008 Eastern Showcase. I/we the team representative of the above named team/program in the Eastern Showcase, hereby give permission for the team/program to participate in any and all activities during the 2008 Eastern Showcase. I/we hereby waive, release, absolve, indemnify and agree to hold blameless the Valley Jr. Warriors and, its organizers, sponsors, supervisors, rinks, participants and persons transporting my/our registrant to and from activities and any claims arising from an injury to my/our registrant. I/we assume all risks and hazards incidental to such activities and participation.

Team Representative's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For more information please contact:

**Andy Heinze** - (978) 557-5518 x107  
aheinze@jrwarriors.com OR

**Darlene Roberge** - (978) 557-5518 x109  
darlene@valley-associates.com

A non refundable **\$1,800** is due with the application by **May 1, 2008**.

### Payment Method:

- Check** (enclosed)  
*Do NOT fax. Must be mailed.*  
Mail to: Jr. Warriors  
7 Parkridge Road  
Haverhill, MA 01835
- Credit Card** Mail or fax to  
978-557-5519

### Credit Card Information:

Card holder Name: \_\_\_\_\_

Card holder Address: \_\_\_\_\_

Card holder Telephone: \_\_\_\_\_

Card Type:       AMEX       VISA       Master Card

Card Number: \_\_\_\_\_ Expires: \_\_\_\_/\_\_\_\_

Amount: \$ \_\_\_\_\_

Card holder Signature: \_\_\_\_\_

The issuer of this card is authorized to pay the amount shown as TOTAL upon proper presentation. The card holder agrees to pay such total subject to and in accordance with the agreement governing the use of such card. The Jr. Warriors is authorized to accept telephone orders from our business and charge to this card.

