

SHI BOSTON 2024 OFFICIAL REGISTRATION FORM

(Space limited to the first 60 teams)

CLUB NAME:

ENTRY FEE:

\$1,000 per team entered (maximum 20 players per team).

NUMBER OF TEAMS: _____ X \$1,000 = _____

_____ # A-teams _____ # B-teams _____ # C-teams

HEAD COACH OR MAIN CONTACT:

ADDRESS: _____

CITY: _____

PROV./STATE: _____ **POSTAL CODE/ZIP:** _____

DAYTIME PHONE: _____

EVENING PHONE: _____

EMAIL: _____



Please download and email the completed form to info@shiboston2024.org with subject line "SHI Registration Form."

If paying by check, mail a copy of the registration form with the entry fee payable in US funds to "The Great Blizz" at the address below, or you can pay by Paypal, Credit or Debit through the DONATION button on www.thegreatblizz.org

SHI Boston 2024
c/o The Great Blizz
39 Hatherly Rise
Plymouth, MA 02360