

2020 LAS VEGAS HOCKEY CLASSIC

REGISTRATION FORM for March 5-8

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Name _____ Uniform Number _____ Position _____

Address _____ Telephone (____) _____

City _____ State _____ Zip Code _____ Date of Birth _____

Tournament Team _____ E-Mail _____

1. I understand the dangers and risks of playing hockey. I agree to hold harmless the tournament promoter, their sponsors, and the ice rink in the event of injury.
2. I agree that I will act in a mature and responsible manner at all times during the tournament. This includes activities at the ice rink, as well as at all times in the official Tournament Hotels.
3. I agree to reimburse the official Tournament Hotels and Ice Arena for any damage which they deem me responsible.
4. I understand that I am to wear an approved hockey helmet at all times that I am on the ice, players' bench, penalty bench, or in the vicinity of the ice. This includes pre-game warm-ups, breaks in the game, between periods and post-game handshakes.
5. I understand that the tournament organizers highly recommend that all players wear an HECC approved face mask and a mouth piece. If I choose to play without a face mask, I understand the dangers and risks to my face, mouth, teeth, and eyes. By playing without a face mask, I understand that I am risking possible blindness.
6. I have read the cancellation and refund policy shown below and agree to accept them. I understand that should I be suspended from the tournament for any violations of the rules, I will not be entitled to any refund.
7. I understand that I may be required to show identification before the start of the tournament and for periodic checks during the course of the tournament. I understand that if I do not present identification, I will not be allowed to participate in the tournament, nor will I be entitled to any refund.
8. I agree to abide by all the rules and regulations of the tournament as provided to my team captain and posted in the ice arena.

Signed _____ Date _____

I will stay at: ☐ SunCoast ☐ Golden Nugget ☐ Tuscany ☐ Tournament Only (No Hotel)

I want: ☐ King Size Bed ☐ Two Double Beds

I will be staying: ☐ Single Occupancy ☐ Double Occupancy ☐ Triple Occupancy

I will be staying with: ☐ Myself ☐ Non-playing Guest ☐ Teammate Name: _____

	SUNCOAST HOTEL			GOLDEN NUGGET			TUSCANY SUITES		
	<u>Double</u>	<u>Triple</u>	<u>Single</u>	<u>Double</u>	<u>Triple</u>	<u>Single</u>	<u>Double</u>	<u>Triple</u>	<u>Single</u>
Tournament Player	\$409	\$349	\$659	\$459	\$409	\$759	\$399	\$359	\$639
Non-playing Guest	\$250	\$190	\$500	\$300	\$250	\$600	\$240	\$200	\$480
Add Wed. night, per person	\$55	\$45	\$110	\$65	\$55	\$130	\$40	\$35	\$80
Add Sun. night, per person	\$55	\$45	\$110	\$90	\$75	\$180	\$40	\$35	\$80

Tournament Only (No hotel): \$179. **DEADLINE: FEBRUARY 4, 2020.** All prices in U.S. Dollars.

EXTRA NIGHTS: ☐ Wednesday, March 4 ☐ Sunday, March 8 ☐ Other _____

REFUND POLICY: All reservations cancelled one week or more before the tournament will receive a full refund less a \$10 cancellation fee. If the cancellation leaves the team short of 14 players, another \$150 will be withheld to cover the cost of the 14th player. Cancellations less than one week before the tournament are non-refundable.

I will pay for: ☐ Myself (player) only ☐ Myself (non-player) only ☐ Myself and non-playing guest

Amount Enclosed: \$ _____ Payment by: ☐ Cash ☐ Check ☐ Visa ☐ MasterCard

Card Number _____ Exp. Date _____ 3-Digit Code _____

Name on credit card _____ Signature _____

Return the completed registration form, along with your payment, to your team captain or send to: CALIFORNIA HOCKEY PRODUCTIONS, 11693 San Vicente Blvd. #825, Los Angeles, CA 90049. info@hockeytourney.com