



2009 /2010 District 5 Mini 1on 1 Application Form

<u>Goalie</u>	<u>Player</u>
Name: _____	Name: _____
Address: _____ _____	Address: _____ _____
Telephone #: _____	Telephone #: _____
Program: _____	Program: _____
Contact Name: _____	Phone #: _____ E-mail: _____

Please check 1 on each line

AGE Mite ___ Squirt _____

Level Tier II (A) ___ Tier III (B) ___ Tier IV (C) ___

Registration Fee: **FREE (District 5 is covering the cost)**

The Application are due by April. 1st 2010.

Mail them to:

Fred Hannon 7 Eastbrook Road Mansfield, MA 02048 Attn: Mini 1 on 1	or	Lisa Noll 105 Lyndsey Way Sandwich, MA 02563 Attn: Mini 1 on 1
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For more information contact: **Fred at 508-942-9620 or E-mail fhannon123@aol.com**
 or
Lisa at 508-833-1363 or E-mail dynamom86@aol.com

Players will wear their **Home Town Jersey**.

Event Rules:

- 1 on 1 shootout (Each team will shoot 3 times)
- Puck will be placed at center ice
- Player must maintain possession
- Shoot in one continuous motion (no stopping)
- 1 pt. awarded for goal
- ** If a goalie is on more than 1 team and they meet during the tournament the winner will be determined by a coin toss.

Sudden death shootout
 Each team will shoot 1 at a time until 1 team wins

Single Game Elimination

Event: Will be held on April 11th at Hyannis Youth Community Center from 12 – 3pm.

Date Received: _____