



LABEDA Hockey Inline Cup



Thank you for your interest in the **2023 LABEDA Hockey Inline Cup**. This tournament is

sanctioned by AAU sports, and is considered the NATIONAL CHAMPIONSHIP.

This packet contains the information needed to complete the registration process including:

- 1. General Tournament Information**
- 2. Team Registration & Roster Form**
- 3. Consent/Release Form**

The **Team Registration form** is to be completed and returned to Las Vegas Roller Hockey Center to reserve your spot. You may pay on-site. If paying on-site, you will still need to provide a credit card to hold your spot. Please mark "Credit Card Hold" as method of payment and then provide the credit card information. This will indicate that you are paying on-site and your credit card will not be charged unless payment is not received.

The Team Roster Information Forms are due in our office no later than September 25th, 2023. If you are unable to meet this deadline, please contact us immediately to make alternate arrangements at (702) 349-6526.

The Team Consent-to-Treat & Image Release Form must be provided prior to your first game. You may complete the form electronically then use the "Print" button to print and e-mail them to us at Gaming21@cox.net or mail to:

LAS VEGAS ROLLER HOCKEY CENTER, Inc.

800 Karen Ave.

Las Vegas, NV 89109

(702) 349-6526

Please call us before faxing – Fax

Gaming21@cox.net

We would like to thank you in advance for your participation in the 2022 LABEDA Hockey Inline Cup. Please contact us @ 702-349-6526 should you have any questions regarding the tournament or the registration procedure and best of luck to you and your team!



2023LABEDA Hockey Inline Cup TEAM REGISTRATION FORM



Sept. 30- Oct. 2	Men's Division III/IV
Oct. 7-9	40 & Over Division 50 & Over Division 60 & Over Division

Team Name: _____

Contact Name: _____

Contact Address: _____

Contact Phone: (_____) _____ Home
(_____) _____ Work
(_____) _____ Cell Phone/Pager

Contact Fax: (_____) _____

E-Mail Address: _____

PAYMENT INFORMATION

Payment Method: *(check one)* Check Money Order Credit Card Credit Card "Hold"

Credit Card #: _____ Exp. Date: _____

Card Holder's Name: _____

Card Holder's Signature: _____

Return this form and non-refundable check, money order or credit card information in the amount of \$995 (USD) This includes OME TEAM PIC. Remember, team entries will be accepted (according to eligibility) on a first-come, first served basis until each respective division has been filled (sold-out).

Make check payable to: LVRHC • 800 Karen Ave., LV, NV, 89109
Phone: 702-349-6526 • Fax: Please call first....
E-Mail: gaming21@cox.net • Website: lasvegasrollerhockey.com



2023 LABEDA HOCKEY INLINE CUP
Oct. 7-9th • Peoria, AZ
Team Roster Form



Team Name: _____

Men's Division III/IV 40 & Over 50 & Over 60 & Over
 Sept. 29-Oct. 1st Oct. 6-8th Oct. 6-8 Oct. 6-8

	Player Name	Home Jersey #	Visitor Jersey #	Date of Birth	AAUHockey Inline Membership Conf. No.	For Office Use Only		
						MBR	ID	CTTF/EIRF
Goalie 1				/ /				
Goalie 2				/ /				
1.				/ /				
2.				/ /				
3.				/ /				
4.				/ /				
5.				/ /				
6.				/ /				
7.				/ /				
8.				/ /				
9.				/ /				
10.				/ /				
11.				/ /				
12.				/ /				
13.				/ /				
14.				/ /				
15.				/ /				

1.	<input type="checkbox"/> Coach <input type="checkbox"/> Manager
2.	<input type="checkbox"/> Coach <input type="checkbox"/> Manager
3.	<input type="checkbox"/> Coach <input type="checkbox"/> Manager
4.	<input type="checkbox"/> Coach <input type="checkbox"/> Manager

Important Notes

- LABEDA Hockey reserves the right to require proof of age for age-specific divisions.
- No changes to the Team Roster will be allowed after LABEDA Hockey has received this form.

Team Contact: _____ Contact Address: _____
 Home Phone:(____)____-____ Work Phone:(____)____-____ Other:(____)____-____ Fax:(____)____-____
 E-Mail: _____