



Registration

Club Name: _____

Age Group:

- U8 (born 09/10/11) 27.-28. December 2016
- U10 (born 07/08) 27.-28. December 2016
- U12 (born 05/06) 29.-30. December 2016

Contact person: _____

Address: _____

Phone: _____

Email-Address: _____

Number of players: _____

Number of Supervisors: _____

Questions / Comments / Requests:

Signature: _____

Please note: The registration is binding! The order of the applications will be considered. The registration fee* is access to the confirmation of registration to transfer.

Email: kids.cup@eishockey-mannheim.de

*) Verein zur Förderung des Mannheimer Eishockey Nachwuchses e. V.
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