

LEARN-TO-PLAY JAMBOREE



FUNdamentals

Presented by:



CROSS-ICE TOURNAMENT



www.fmcicesports.com

ASIAF ARENA, BROCKTON
March 4, 2012 (10:00am-1:00pm)
476 Forest Ave. Extension, Brockton, MA 02301
(888) 74-SKATE (TOLL FREE) (508) 583-6804 (ARENA)

CRONIN ARENA, REVERE
March 11, 2012 (11:00am-2:00pm)
850 Revere Beach Pkway, Revere, MA 02151
(888) 74-SKATE (TOLL FREE) (781) 284-9491

THE BRUINS FUNDAMENTALS CROSS-ICE LEARN-TO-PLAY JAMBOREE IS OPEN TO ALL LEARN-TO-PLAY PARTICIPANTS WHO ARE NOT ENROLLED IN ORGANIZED HOCKEY. THIS UNIQUE, END OF SEASON TOURNAMENT WILL INCORPORATE ALL SKILLS LEARNED THROUGHOUT THE YEAR AND GIVE PLAYERS THEIR FIRST EXPOSURE INTO ORGANIZED GAME PLAY.

**\$25 FEE
PER
INDIVIDUAL**

**10 PLAYERS
PER TEAM**

**\$225 ENTRY
FEE PER
TEAM**

**THREE
GAME
JAMBOREE**

**CROSS-ICE
FORMAT**

**LIVE DJ &
RAFFLE
PRIZES**

**SPECIAL
AWARD FOR
PLAYERS**

2012 LEARN-TO-PLAY JAMBOREE TOURNAMENT DEADLINE: FEB 15, 2012



CROSS ICE TOURNAMENT

Individual Cost = \$25
Team Cost* = \$225 (10% savings)

*For teams of 10

Player Name: _____ D.O.B _____

Team Name: _____ Team Contact/Coach: _____

Parent/Guardian Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Learn to Play Program Location: _____ I'm part of the Bruins
FUNdamentals Program

Cross-Ice Tournament Location: Asiaf Arena – Brockton Cronin Arena – Revere

WAIVER AND RELEASE: I, the undersigned, do hereby acknowledge that in consideration of my child participating in any way in The Learn to Play Jamboree may be exposed to risk of injury that is inherent in ice skating programs. I hereby acknowledge that Facility Management Corporation, FMC Ice Sports staff and the Boston Bruins Professional Hockey Club are not responsible for any damage or injuries that result from my child's participation in this program. I grant to FMC Ice Sports, its representatives and employees the right to take photographs of my child in connection with the above-identified ice sports program. I agree that FMC Ice Sports may use such photographs for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

Parent/Guardian Signature: _____ Date _____

TEAM AGREEMENT: By submitting this registration form, I will be the primary contact person for the above named team for the purposes of this tournament. I commit to pay the tournament fee in full prior to the start of the tournament.

Team Contact/Coach Signature: _____ Date _____

REGISTER BY MAIL OR ONLINE

To register by mail, complete the registration form and mail it with payment (check or money order) to the address below. To register online, simply go to www.fmcicesports.com

FMC Ice Sports
100 Schoosett Street
Building #3
Pembroke, MA 02359
Tel 888-74-SKATE



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