



QUEST
HOCKEY

2013 QUEST HOCKEY 4 ON 4
SUMMER LEAGUE
TEAM REGISTRATION FORM

Team Name _____

Rookie ['02 – '04]

Veteran ['00 – '02]

All-Star ['98 – '00]

Team Manager Name _____

Address _____

City/State/Zip Code _____

Phone _____ Email _____

/s/ To register your team, submit a completed team registration form with a non-refundable \$500 check by Friday April 19, 2013. Team managers will be sent a follow-up email after their completed team registration form is received.

/s/ A check for the remaining balance of \$1,600 & each team's final roster must be received by Friday, May 3, 2013.

/s/ Please make checks payable to "Quest Hockey" and mail to:

Quest Hockey
1230 Wisconsin Ave
Pittsburgh, PA 15216

QUESTHOCKEY.COM