



**QUEST**  
HOCKEY

**4 ON 4 SPRING/SUMMER LEAGUE**  
**TEAM REGISTRATION FORM**

Team Name \_\_\_\_\_

Rookie ['01 – '03]

Veteran ['98 – '00]

All-Star ['94 – '97]

Team Manager Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

To register your team, submit a completed team registration form with a non-refundable \$1,700.00 check by Friday, May 18, 2012.

Please make checks payable to Quest Hockey and mail to:

Quest Hockey  
110 Country Corners Circle  
Venetia, PA 15367

**QUESTHOCKEY.COM**