



Molson \$\$\$CASH\$\$\$ Cup Entry Form
OFFICIAL TEAM ENTRY FORM

***** Kenan Center \$275 Entry Fee *****

June 28th-30th

TEAM'S FULL NAME: _____

Adult Division: Iron ____ Copper ____ Bronze ____ Silver ____ Gold ____

Contact's NAME: _____

HOME PHONE: _____ **CELL PHONE:** _____

EMAIL (mandatory): _____

*****Guaranteed 3 games**Cash Prize Awarded to winning Team in each division! Must be ready 30 minutes prior to game-time!***

Office Use Only:

Down Payment (\$100 deposit required at time of registration—balance due prior to game 1): _____

Credit Card Info: _____ exp. _____ cvv _____

Please make checks payable to: 3843 Union Rd #109
WNY Roller Hockey Cheektowaga, NY 14225

You may Fax Registration Form

Jason Cell – 716-444-2667
Eric Cell – 716-903-2658
FAX # - 716-634-6714