



## Team Illinois Early Bird/Futures Tournament

October 8-11, 2010  
Tournament Sanction Number: **ILH1011207**

### No Gate fee

Location: Leafs Centre, West Dundee, IL

You are invited to apply for participation in the Team Illinois Early Bird/Futures Tournament to be held **October 8 through October 11, 2010.**

- ❖ **Bantam Major, U16 and U18 Level** – Four game guarantee. 18 minute periods. Games will be played at the Leafs Centre in West Dundee, IL
- ❖ Game MVP's plus Top Prospects All Star Game (Chosen by Scouts in attendance)
- ❖ USHL and College Coach Exposure
- ❖ USA Hockey Rules apply
- ❖ USA or CAHA registered
- ❖ No Gate Fee will be charged at the tournament!
- ❖ Tournament Cost: All Levels
  - **Early Registration Discount - \$1200** – application and payment must be received and postmarked **by August 15, 2010.** **\$1500** – if application and payment are received and postmarked **after August 15, 2010**

Additional information will be provided after application has been received and full payment has been made with regards to hotels, rosters and other tournament information. **ALL TEAMS ARE REQUIRED TO STAY AT DESIGNATED TOURNAMENT HOTELS AND MAKE THEIR RESERVATIONS WITH THE TOURNAMENT HOTEL COORDINATOR; THIS IS A CONDITION OF PARTICIPATION IN THE TOURNAMENT.**

Please send a check payable to Team Illinois Hockey Club or provide credit card information with attached team application to:

**Team Illinois Hockey**  
**PO Box 1057**  
**Lake Zurich, IL 60047**

**Contacts:** **Jim Marchi**, Tournament Director, President Team Illinois Hockey  
**Linda Otto**– Tournament Administration  
**Jon Hull** – Additional Team Contact

**Email:** [jimmarchi@comcast.net](mailto:jimmarchi@comcast.net) [lindaotto2@aol.com](mailto:lindaotto2@aol.com) [hully49@hotmail.com](mailto:hully49@hotmail.com)

**Office:** 847-540-6052 847-550-9596 847-814-4949

**Fax:** 847-550-9596

**Website:** [www.tihockey.com](http://www.tihockey.com)



Team Illinois Early Bird/Futures Tournament  
Registration Form

*Dates: October 8 – 11, 2010*

*Location: Leafs Centre, West Dundee, IL*

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

Level:      *Bantam Major*      *U16*      *U18*

Association: \_\_\_\_\_

Team Contact: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_

Head Coach: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Mail to: Team Illinois Hockey, P.O. Box 1057, Lake Zurich, IL 60047  
or Fax to: 847-550-9596**

*Credit Card Information  
Mastercard, Visa, or Discover Card Only*

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_  
(month/year)

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**For Office Use Only:**

Date Rec'd \_\_\_\_\_

Amount: \_\_\_\_\_ Check # \_\_\_\_\_

Date processed: \_\_\_\_\_ CC Auth.Code: \_\_\_\_\_