

TOURNAMENT APPLICATION FORM

Israel Recreational Hockey Association
www.IsraelHockeyAssociation.org

6th Annual International Israel Recreational Ice Hockey Tournament
February 6 - February 10, 2011 -- Metulla, Israel

Please fill out the entire application.
Incomplete applications will be returned.

Name: _____

Street address: _____

City: _____ State/Province: _____ Zip: _____ Country: _____

Age: _____ Male () Female ()

Home phone: _____ Work: _____ Cell: _____

Email address: _____

Each team may have up to one line (5 players) under 35 years of age, except for the woman's team, which has no age restrictions. This is a fun non-contact AK tournament.

Abilities:

Beginner – Some or no hockey experience with adequate skating abilities.

Intermediate – Good hockey experience and skating skills. Can stick handle, pass and shoot and still plays occasionally or regularly.

Advanced – Has above average skills and played high school, college or senior A or B league level hockey.

Check One: Beginner () Intermediate () Advanced ()

Non-player coach ()

Observer (non-family member) ()

Spouse: N () Y ()

Children over 5 and under 18: How many: _____

Names and addresses (if different from above):

Team preference:

USA() Canada() Europe() Israel()

Second choice if we must place you on another team: _____.

Teams will be combined if they are not a full team.

Hockey Jersey Size: S () M () L () XL () XXL () T-Shirt: S () M () L () XL ()

Please note that additional commemorative jerseys, t-shirts and caps are available for an additional \$60 (Hockey jersey), \$25 (T-shirt), \$15(Cap). Please specify number and sizes:

Emergency Authorization:

In the event of an emergency, I hereby give permission to the physician and/or hospital selected by the tournament organizers to secure proper treatment for, and to order injection and/or anesthesia and/or emergency care or surgery for the person named above should the emergency contact person not be available in a timely manner. I further understand that the tournament organizers are all volunteers and the sponsoring organization is a charity and will therefore not hold any tournament sponsors, organizers, Israel Recreational Hockey Association, The Canada Center, Dr. Harry Harsztark, Dr. Danny Spodek or any individual responsible or liable in any way at any time.

Signature: _____ Date: _____

Emergency contact information (name, phone & cell #, relationship):

Name of Medical Insurance: _____ Policy/Group#: _____

*Please note – Medical insurance coverage in Israel is required for all players.

Please check your coverage for Israel.

Name of prescription drug plan: _____ Policy/Group#: _____

Any drug allergies _____

Please state any dietary or other restrictions (Tournament banquet will be kosher):

Can you be counted on for a daily Minyan: Yes ()

Have you ever been to Israel: When:

Any new, used or old equipment you can donate to the Israel Recreational Hockey Association:

Yes (). If **YES**, please bring with you. For larger equipment and apparel donations, let us know and we will try to pick it up and have it shipped to Israel. The Israel Recreational Hockey Association sincerely thanks you.

Costs

Tournament cost per player - \$450 application received by September 15, 2011; \$550 if received by Nov 1st, 2011; \$600 thereafter

Non-players (spouse, friends, supporters, tourists, observers, etc.) – \$150

Children - \$50 per child over 7 and under 18 up to a maximum of \$100 for all non playing children. So bring the entire mishpacha.

TOTAL COST: _____

This fee includes all games, final banquet (Thursday evening), Israel Recreational Tournament hockey jersey, tee-shirt, hockey cap, and use of the Canada Center in Metulla.

All players names will be engraved on a tournament plaque to be placed in the Canada Center for all to see.

Non-player fee includes banquet, tee-shirt, hockey cap, tour and use of the Canada Center.

Would you be interested in an optional mixed game after the tournament: Y() N()

Please enclose check or money order and make payable to: Israel Rec. Hockey Association

Mailing address: 205 Edgemont Place, Teaneck, NJ 07666 USA

Total amount enclosed: \$_____

Pay by Credit Card: Visa () MasterCard () #_____

Expiration date: _____ CCV # (last 3 numbers back of card) _____

Please Note: Add **3%** of the total amount to cover credit card handling and fees.

Fax application if paid by credit card to: 1-509-357-2796

Email application if paid by credit card to: IsraelHockey@yahoo.com

Please, if you can, enclose or email a **recent photo** of yourself so that we can greet you upon your arrival.

Any additional information we should know:

Thanks for the application and hope to see you in Israel for an exciting tournament.

Contact:

Dr. Danny Spodek, Tournament Co-Chairman, Israel at Israel_Hockey@hotmail.com

Dr. Harry Harsztark, Tournament Co-Chairman, North America at IsraelHockey@yahoo.com
Call USA 201-674-0233 and leave a message and phone number if you have any questions.

Israel Recreational Hockey Association, 205 Edgemont Place, Teaneck, NJ 07666 USA