

HOCKEY PLAYOFFS

TEAM _____

Manager's name (print) _____

Manager's signature: _____

VS

TEAM _____

Manager's name (print) _____

Manager's signature: _____

BEST OF THREE GAMES

GAME #1- @ _____

TIME: _____

GAME #2- @ _____

TIME: _____

GAME #3- @ _____

TIME: _____

**MUST BE COMPLETED AND FAXED BACK TO 344-5016
BEFORE STARTING THE SERIES**

No extensions will be allowed