

# 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 845-4269  
BEFORE STARTING THE SERIES**

No extensions will be allowed