

# SHI BOSTON 2025 OFFICIAL REGISTRATION FORM

(Space limited to the first 60 teams)

**CLUB NAME:**

\_\_\_\_\_

**ENTRY FEE:**

\$1,000 per team entered (maximum 20 players per team).

**NUMBER OF TEAMS:** \_\_\_\_\_ X \$1,000 = \_\_\_\_\_

\_\_\_\_\_ # A-teams \_\_\_\_\_ # B-teams \_\_\_\_\_ # C-teams

**HEAD COACH OR MAIN CONTACT:**

\_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**CITY:** \_\_\_\_\_

**PROV./STATE:** \_\_\_\_\_ **POSTAL CODE/ZIP:** \_\_\_\_\_

**DAYTIME PHONE:** \_\_\_\_\_

**EVENING PHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_



Please download and email the completed form to [info@shiboston2025.org](mailto:info@shiboston2025.org) with subject line "SHI Registration Form."

If paying by check, mail a copy of the registration form with the entry fee payable in US funds to "The Great Blizz" at the address below, or you can pay by Paypal, Credit or Debit through the DONATION button on [www.thegreatblizz.org](http://www.thegreatblizz.org)

SHI Boston 2025  
c/o The Great Blizz  
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