



SPRING 3 ON 3 NORTH SHORE WINTER CLUB

- Cost:**
- Team registration only. If individuals would like to participate, we will try to connect players with a team. For member pricing, team must consist of 70% members otherwise non-member pricing will apply.
 - Member: \$1875; Non-Member: \$2500
- Format:**
- The league runs from April 6 - June 24, 2024.
 - Each team will play a minimum of 10 games.
 - Each game will have 3 minute warm up, 2 periods of 25 minutes running time & a 1 minute intermission.
 - See our website for ice times per division.
- Teams:**
- Minimum 6 players and maximum 10 players per team. All teams must have a goalie (U9 and under, goalie gear may be available to be used from club).
 - Each player will receive a 3on3 jersey!
- Divisions:** - 2017, 2016, 2015, 2014, 2013, and 2012

REGISTRATION INFORMATION

Line / Team Information (If Required):

Player 1: _____

Player 2: _____

Player 3: _____

Player 4: _____

Player 5: _____

Player 6: _____

Player 7: _____

Player 8: _____

Player 9: _____

Player 10: _____

Player Information: Complete for each team player

Player #1:

NAME: _____

EMAIL: _____

PHONE #: _____

BIRTHDATE (mm/dd/yyyy): _____

Division: _____

Player #2:

NAME: _____

EMAIL: _____

PHONE #: _____

BIRTHDATE (mm/dd/yyyy): _____

Division: _____

Player #3:

NAME: _____

EMAIL: _____

PHONE #: _____

BIRTHDATE (mm/dd/yyyy): _____

Division: _____

Player #4:

NAME: _____

EMAIL: _____

PHONE #: _____

BIRTHDATE (mm/dd/yyyy): _____

Division: _____

Player #5:

NAME: _____

EMAIL: _____

PHONE #: _____

BIRTHDATE (mm/dd/yyyy): _____

Division: _____

Player #6:

NAME: _____

EMAIL: _____

PHONE #: _____

BIRTHDATE (mm/dd/yyyy): _____

Division: _____

Player #7:

NAME: _____

EMAIL: _____

PHONE #: _____

BIRTHDATE (mm/dd/yyyy): _____

Division: _____

Player #8:

NAME: _____

EMAIL: _____

PHONE #: _____

BIRTHDATE (mm/dd/yyyy): _____

Division: _____

Player #9:

NAME: _____

EMAIL: _____

PHONE #: _____

BIRTHDATE (mm/dd/yyyy): _____

Division: _____

Player #10:

NAME: _____

EMAIL: _____

PHONE #: _____

BIRTHDATE (mm/dd/yyyy): _____

Division: _____

Payment Information: Single payment per team through Game Time registration. Please return one completed form per team to the hockey@nswc.ca.