

2009 C.C.M. High School Hockey Showcase

Dear High-School Hockey and Club Hockey Players,

You are invited to register for the 2009 C.C.M. High School Hockey Showcase.

The event which is scheduled for April 10th through April 11th, 2009 will allow you to showcase your expert hockey skills and talent, should be selected to be a part of this exclusive roster.

The 2008 event was a great success, having evaluations by recruiters from Northern Illinois University, Northwestern University, Northern Michigan University, Illinois State and the Peoria Mustangs. The 2009 event promises even greater exposure of your abilities.

We invite you to register TODAY to secure your spot on the player selection roster.

Looking forward to seeing you on the ice!

Rick Ridenour, President
C.C.M. Tigers Hockey Club

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General Rules

- Games will feature a 5minute warm up followed by a 30 minute half. At the conclusion of the half, each goalie will be featured in a 6 player shootout.
- The next goalie will receive a 5 minute warm up followed by a 30 minute half and 6 player shootout.
- All play will consist of 5 on 5.
- If any player on the ice receives a penalty.... the entire 5-man unit for the offending team will be required to change.
- The fouled player will be awarded a penalty shot.
- Any penalty for FIGHTING will result in expulsion from the Showcase.
- Any major penalty given will be subject to review on severity by the Showcase committee and may lead to expulsion.
- All players will abide by USA Hockey rules.
- Mouth-guards and Neck-guards MUST be used by all players.
- Zero-Tolerance will be strictly enforced throughout the Showcase.

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PLAYER REGISTRATION FORM

Player Name: _____

Player Address: _____

Street address, City, State, Zip Code

Phone Number: _____ E-mail Address: _____

Birth Date: ____/____/____ School & Graduation: _____ ____/____/____
(MM/DD/YYYY) (MM/YYYY)

Height: ____' ____" Weight: _____ lbs Shoot/Glove: **L** or **R** Position: _____
(Circle)

Most Recent Information:

_____ Team _____ Coach _____ Phone Number

Last Season Stats: _____
Goals Assists Points Pen Min +/- Saves Save %

Please list any schools or clubs you are specifically interested in:

Please send completed form and check in the amount of **\$175** payable to **C.C.M. Tigers Hockey Club**. Players will be notified **no later than Tuesday April 1st, 2009** if they have been selected to participate and an alternate list of players will be held until final rosters are set on **Thursday April 9th, 2009**. Your registration check will be cashed once the player is selected. If a player is not selected, your check will be returned. Please note **if selected, your fee is non-refundable**. Please make sure you have your **USA Hockey Insurance Card** or proof of USA Hockey membership with you when you check in. **Players will not be allowed on the ice without proof of insurance.**

C.C.M. Tigers Hockey Club
P.O. Box 1525
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