

RHS Boys Hockey Booster Club

Presidents: Ted Tregurtha Board Members: Ian McCormick, Alex Smith, Paul Hallahan, Terri Garlick, Russ Luery

2013 RHS ALUMNI HOCKEY GAME

Friday, November 29th at 2:30 PM at Winter Garden

Dear RHS Boys Hockey Alumni,

It's that time of year again. We'd like to invite you to the annual Erik F. Hoag Alumni Hockey Game on Friday, November 29th at 2:30pm at the Winter Garden. As keeping with tradition, there will be a practice time for all Alumni to sharpen their skating skills from 8:10-9:40 AMon November 28th. Details can be found at www.rhstigerhockey.com.

The cost to participate is now \$50 to keep up with rising ice costs, but you still get to keep the special alumni game jersey! We'd like to remind you that this is a RHS Boys Hockey Booster Club fundraising event and the proceeds go toward the Erik Hoag scholarship fund. To register for the Alumni game please send in the registration/donation form on the following page (please include your year of graduation), medical waiver and payment by Monday, November 25th to the following address:

RHS Boys Hockey Booster Club c/o Ian McCormick, 18 Millers Lane Ridgefield, CT 06877.

We look forward to seeing you on the 29th. Please arrive 30 minutes before game time.

Sincerely,

Ted Tregurtha (Ted@MoranTug.com) RHS Boys Hockey Booster President

RHS Alumni Game

I will be attending the	e game: I w	ill not be attendir	ng the game:	
I'd like to make the fo	ollowing donation t	o support the RH	S Tiger Hockey prog	ıram:
\$25\$50	\$75	\$100	Other	
Name:			Grad year	
Address:				
Phone #:	Email Address:			
Jersey # Request: _	(if available)			
Participation fee: Donation: Total Enclosed:	\$50.00 \$ \$			

Check out the Tiger Hockey website <u>www.rhstigerhockey.com</u> for updates and information and please come out and support the team during the season.

RIDGEFIELD HOCKEY BOOSTER CLUB ERIK F. HOAG MEMORIAL SCHOLARSHIP ALUMNI HOCKEY GAME AND PRACTICE November 28th and 29th, 2013

RELEASE AND TREATMENT FORM

Player Name:	
	(PRINT)
	Release:
	agree to waive and hold the RIDGEFIELD HOCKEY BOOSTER s for any and all damages. I understand that it is my responsibility to nal injury.
SIGNATURE:	DATE:
Dentistry, or Emergency Medical Technici necessary to preserve my life, limb or well	
SIGNATURE:	
ADDRESS:	
CITY:	STATE:ZIP:
PHONE: (H):	
PERSON TO NOTIFY IN EMER	GENCY:
NAME:	PHONE: