ZURICH CUP
International Amateur Ice Hockey Tournament

Registration **(Registration is valid with payment of the tournament fee)**

Team: _____

Country: _____

Jersey color: H & A (if available) _____ & _____

Website: (if available) _____

Manager: _____

E-Mail: _____

Mobile: (WhatsApp) _____

send us your club logo and a team photo

Roster (**Insurance is the responsibility of the participant)**

#	Player (Name first Name)	Age	Pos
___	_____	_____	_____
___	_____	_____	_____
___	_____	_____	_____
___	_____	_____	_____
___	_____	_____	_____
___	_____	_____	_____
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