



## **2nd Annual Fall Brawl**

The John J. McMahon Roller Hockey Club is proud to announce the  
2nd Annual Fall Brawl 3 on 3 Tournament.

We will be holding the 3 on 3 Tournament from October 16-18th.

Participants will need to assemble a team of at least 4 players and 1 goalie, the maximum size for any team will be 6 skaters and 1 goalie. This will be a round robin tournament (at least 3 games) and every game will be played in three 8 minute periods, with running time.

There is limited space so make sure to register promptly. There will be three divisions:  
18 & under(1992 - 1994), 15 & under(1995 - 1997), and 12 & under(1998 or later).

Teams will be required to bring 2 sets of jerseys, one dark and one light colored.

### **Prices:**

Prices for all divisions are \$75 per team with an additional fee of \$15 per player for any player not registered for Fall 2009 John J. season.

Games can be scheduled Friday the 16th anytime from 6pm - 10:00pm. Saturday the 17th anytime from 8am - 10:00pm and Sunday the 18th anytime from 8am to 8:30pm

To register simply complete the form on the back and mail with paymentt by **Sunday October 11th.**

Any questions you can contact us at (516) 702-9226 or e-mail us at [Doolish1@gmail.com](mailto:Doolish1@gmail.com)

**MAKE ALL CHECKS PAYABLE TO JOHN J. McMAHON JR. MEMORIAL ROLLER HOCKEY CLUB, INC.  
MAIL FORMS AND CHECKS TO:**

**John. J. McMahon Roller Hockey  
P.O. BOX 2586  
NORTH BABYLON, NY 11703**

**\* Registration Deadline Sunday October 11th\***

**\*Player 1 & Team Captain**

Address \_\_\_\_\_ Town \_\_\_\_\_  
Zip Code \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Phone Number \_\_\_\_\_ E-Mail \_\_\_\_\_

**Goalie**

Address \_\_\_\_\_ Town \_\_\_\_\_  
Zip Code \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Phone # \_\_\_\_\_ E-Mail \_\_\_\_\_

**Player 2**

Address \_\_\_\_\_ Town \_\_\_\_\_  
Zip Code \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Phone # \_\_\_\_\_ E-Mail \_\_\_\_\_

**Player 3**

Address \_\_\_\_\_ Town \_\_\_\_\_  
Zip Code \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Phone # \_\_\_\_\_ E-Mail \_\_\_\_\_

**Player 4**

Address \_\_\_\_\_ Town \_\_\_\_\_  
Zip Code \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Phone # \_\_\_\_\_ E-Mail \_\_\_\_\_

**Player 5**

Address \_\_\_\_\_ Town \_\_\_\_\_  
Zip Code \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Phone # \_\_\_\_\_ E-Mail \_\_\_\_\_

**Player 6**

Address \_\_\_\_\_ Town \_\_\_\_\_  
Zip Code \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Phone # \_\_\_\_\_ E-Mail \_\_\_\_\_

*\* Indicates the team captain/contact that is responsible for the payments and contacting the rest of the team. All payments must be in full.*