## 9th Annual Gerard J. Jacobs 3 on 3 Hockey Jamboree

* **MEN, WOMEN & MIXED TEAMS WELCOME! 3 GAMES PER TEAM**
* This is a family event! We will host fun, exciting hockey, food, raffles and more!
* Web site: <http://www.gerardjacobshockeyjamboree.com/>  **(registration available on-line)**
* **Please arrive 30 minutes prior to your game**
* **Alcohol is forbidden on school property**

**Where:** Hallenborg Ice Rink (behind the Billerica High School) 10 Good Street, Billerica, MA  
**When:** Saturday, April 25, 2020, Game times 8:00am-8:00pm **Registration Deadline**: Saturday, April 4th

**Why:** To get together, have fun, remember Gerard and support the scholarship fund established in his memory.

**Each team captain IS RESPONSIBLE for the full payment!! If you need players, contact us!**

**Divisions: Team Types: Men (M), Women (W) & Mixed Teams (MT)**  
High School $210.00 per team   
Young Timers $270.00 per team, 35 years and under  
Old Timers $270.00 per team, 35 years and older

**ICE SPONSORSHIPS AVAILABLE:** $100.00, will include a sign posted on rink glass.

Please indicate company or name for sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Use Paypal thru the website or make checks payable to:** Gerard J. Jacobs Trust (**one check per team, please)**

**Send Checks with Registration Form to:** Sam Wilde, 21 Pratt St., Billerica, MA 01821

For information on how to register, how to donate raffle items or how to volunteer contact:  
**Sam Wilde** 617-955-7334, [samwilde21@gmail.com](mailto:samwilde21@gmail.com)

**George Jacobs** 978-815-8955, [gjacobs@marksmoving.com](mailto:gjacobs@marksmoving.com)

**Gerry Proulx**  508-572-3758, [a64golfnut@msn.com](mailto:a64golfnut@msn.com)

**Phil Loranger** 978-490-7772, [ploranger10@verizon.net](mailto:ploranger10@verizon.net)

**Shaun Suprey** 978-437-7812, [ssuprey3@gmail.com](mailto:ssuprey3@gmail.com)

**REGISTRATION FORM:** (submit with payment)  
  
Team Name: Amount Enclosed:

Division: Phone Number:

Team Type (circle one): **M, W, MT (mixed team), (6 players per team)**

Mixed Team Type (circle one**):** **MT by gender / MT by age group / MT by age group & gender**

**Team Members: Email Addresses:**

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| *Captain:* |  |
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