

54755 Broughton Rd.
Macomb, MI 48042

SUBURBAN
MACOMB
ICE



BUFFALO WILD WINGS
GRILL & BAR

PRESENTS

3-n-3
EGGSTRAVAGANZA

Saturday, April 3

OPEN & HOUSE DIVISIONS:

- ★ Mite
- ★ Bantam
- ★ Squirt
- ★ High School
- ★ Pee Wee
- ★ Adult

SUBURBAN
MACOMB
ICE

(586) 992-8600 • suburbanice.com

Tournament Features

- Three game guarantee, with the top two finishers in each division making the playoffs. All games will be played on Saturday, April 3 between the hours of 8:00 am and 6:00 pm.
- Sign up now ... limit of eight teams per age group (mite, squirt, pee wee, bantam, adult & new this year - high school!)
- Playoff positions determined by (1) total points; (2) head to head competition; (3) least goals allowed; (4) most goals scored (capped at five); (5) coin toss.
- Games are 20 minutes – two 10-minute running time periods.
- Three-minute warm-up – three-minute break between periods.
- Penalty shots for all minor penalties.
- Major penalties and misconducts result in disqualification from Buffalo Wild Wings 3-on-3 Eggstravaganza.
- No checking.
- No slapshots.
- No coaches allowed on benches.
- Awards for division champions.
- Teams supply their own jerseys.
- Four skaters and one goaltender per team (all teams must have their own goaltender).
- Playoff game ties will be decided by a 3-minute running time sudden death period, then a team shoot-out.

To register, teams must complete the team registration form and a check for \$200.00 payable to *Suburban Ice - Macomb*.

Buffalo Wild Wings 3-on-3 Eggstravaganza

TEAM NAME _____

DIVISION: MITE SQUIRT PEE WEE BANTAM HIGH SCHOOL ADULT

LEVEL: OPEN BIRTH YEAR: _____ HOUSE/B

CONTACT PERSON _____

ADDRESS _____

CITY _____ ZIP _____

CELL PHONE () _____

E-MAIL ADDRESS _____

HOW DID YOU HEAR ABOUT THIS EVENT? _____

PLAYER #1 _____ BIRTHDATE _____

PLAYER #2 _____ BIRTHDATE _____

PLAYER #3 _____ BIRTHDATE _____

PLAYER #4 _____ BIRTHDATE _____

GOALTENDER _____ BIRTHDATE _____

CHECK OR MONEY ORDER ENCLOSED (Payable to Suburban Ice - Macomb)

VISA MASTERCARD AMEX DISCOVER

EXPIRATION DATE _____

CARD NUMBER _____

CVV2 NO. (Last three digits on back of credit card) _____

CARDHOLDER _____

SIGNATURE OF CARDHOLDER

Is the billing address the same as the one listed above? If no, please indicate below:

Amount Paid \$ _____

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