



SPRING 3 ON 3 NORTH SHORE WINTER CLUB

- Cost:**
- Team registration only. If individuals would like to participate, we will try to connect players with a team. For member pricing, team must consist of 70% members otherwise non-member pricing will apply.
 - Member: \$2100
 - Non-Member: \$2800
- Format:**
- The league runs from March 27 - June 30 2023.
 - Each team will play 12 games plus 2 playoffs. (One game per week and playoffs will run last two weeks)
 - Each game will have 3 minute warm up, 2 periods of 25 minutes running time & a 1 minute intermission.
 - The games will be scheduled no earlier than 3:45pm on weekdays and all day on Sat and Sun.
- Teams:**
- Minimum 6 players and maximum 10 players per team. All teams must have a goalie (U9 and under, goalie gear can be provided by club.
 - Each division will have only 8 teams, so register early spots are limited.
 - Each player will receive a 3 on 3 jersey!
- Divisions:**
- 2017, 2016, 2015, 2014/2013, 2012/2011, 2010/2009, 2008/2007/2006, Junior/Pro (minimum Junior A experience), Senior Mens (18+)

REGISTRATION INFORMATION

Line / Team Information (If Required):

Player 1: _____
 Player 3: _____
 Player 5: _____
 Player 7: _____
 Player 9: _____

Player 2: _____
 Player 4: _____
 Player 6: _____
 Player 8: _____
 Player 10: _____

Player Information: Complete for each team player

Player 1 Name: _____
 Email: _____
 Phone Number: _____
 Address: _____

Team Name: _____
 Birthday (mm/dd/year): _____
 Division: _____

Player 2 Name: _____
 Email: _____
 Phone Number: _____
 Address: _____

Team Name: _____
 Birthday (mm/dd/year): _____
 Division: _____

Player 3 Name: _____
Email: _____
Phone Number: _____
Address: _____

Team Name: _____
Birthday (mm/dd/year): _____
Division: _____

Player 4 Name: _____
Email: _____
Phone Number: _____
Address: _____

Team Name: _____
Birthday (mm/dd/year): _____
Division: _____

Player 5 Name: _____
Email: _____
Phone Number: _____
Address: _____

Team Name: _____
Birthday (mm/dd/year): _____
Division: _____

Player 6 Name: _____
Email: _____
Phone Number: _____
Address: _____

Team Name: _____
Birthday (mm/dd/year): _____
Division: _____

Player 7 Name: _____
Email: _____
Phone Number: _____
Address: _____

Team Name: _____
Birthday (mm/dd/year): _____
Division: _____

Player 8 Name: _____
Email: _____
Phone Number: _____
Address: _____

Team Name: _____
Birthday (mm/dd/year): _____
Division: _____

Player 9 Name: _____
Email: _____
Phone Number: _____
Address: _____

Team Name: _____
Birthday (mm/dd/year): _____
Division: _____

Player 10 Name: _____
Email: _____
Phone Number: _____
Address: _____

Team Name: _____
Birthday (mm/dd/year): _____
Division: _____

Payment Information:

Single payment per team through Game Time registration. Please return one completed form per team to the hockey@nswc.ca. For more information please call (778) 945-5947.