



# 2018 CHEIFS MITE SHOWCASE



AUGUST 23- 26, 2018  
HAVERHILL VALLEY FORUM  
7 PARKRIDGE ROAD, HAVERHILL MA 01835

### About the 2018 Valley Chiefs Mite Showcase:

The Valley Chiefs Mite Showcase will bring together some of the top Mite Elite teams from across North America. Participating teams compete in a minimum of four games over a period of four days in a full-ice, round-robin format.

### About the Host Tournament Site:

The tournament is sponsored annually by the Valley Junior Warriors - host of the 2006 USA Hockey Nationals, Hockey Night in Boston and the EHL Junior Showcases. The headquarters for the 2018 Warrior National Showcase will be the Haverhill Valley Forum in Haverhill, Massachusetts. Other sites will be used to accommodate all games.

For more information, visit the program website at [www.jrwarriors.com](http://www.jrwarriors.com) or contact Steve MacAdams at [smacadams@valley-associates.com](mailto:smacadams@valley-associates.com)

### TOURNAMENT FEATURES

- Full-Ice Elite Competition
- Birth Years: 2010**
- Professionally Managed
- Guaranteed 4 games / 6 possible
  - Round Robin Format
  - Semi Finals & Finals
- No Gate Fee - Free Admission
- Team Fees: \$1,250 (USD)**

### TEAM APPLICATION

TEAM NAME: \_\_\_\_\_ BIRTH YEAR/DIVISION: \_\_\_\_\_

#### TEAM REPRESENTATIVE INFORMATION:

Name: \_\_\_\_\_ Phone: ( ) \_\_\_ - \_\_\_ eMail: \_\_\_\_\_  
Street \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### TEAM COACH INFORMATION:

Name: \_\_\_\_\_ Phone: ( ) \_\_\_ - \_\_\_ eMail: \_\_\_\_\_  
Street \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

A non-refundable \$250 deposit must be received no later than June 1, 2018. Full payment must be received by August 1, 2018.

#### Payment Method:

Check (enclosed)  
Jr. Warriors  
7 Parkridge Road  
Haverhill, MA 1835

#### Credit Card

Mail, fax or email to 978-557-5519 or [smacadams@valley-associates.com](mailto:smacadams@valley-associates.com)

#### Credit Card Information:

Card Holder Name: \_\_\_\_\_

Card Holder Address: \_\_\_\_\_

Card Holder Telephone: \_\_\_\_\_

Card Type:  AMEX  VISA  MASTERCARD  DISCOVER

Card Number: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ CC EXP DATE: \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_

The issuer of this card is authorized to pay the amount shown as TOTAL upon proper presentation. The card holder agrees to pay such total subject to and in accordance with the agreement governing the use of such card. The Jr. Warriors is authorized to accept telephone orders from our businesses and charge to this card.