

Alaska Salmon Cup Proxy Form

Team Sponsor: _____

Team Member: _____

(Name)

Check all that apply:

- | | | |
|--------------------------|--------------------------|--|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | If this team qualifies of the hockey game at 7:00 pm on Sunday evening, this team member selects the following player proxy to play instead of this team member. |
| <input type="checkbox"/> | <input type="checkbox"/> | This proxy agrees to enter the draft process if eligible. |

Proxy Member: _____
(Name) (Home/Work Phone)

(Address) (Email)

Player Level Last Team

Position(s) / /
Date of Birth

Proxy Signature

Team Captain Signature