



Application Form

Date _____ Team Name _____

Jersey Colors (Home / Away) _____ Hockey Association Name _____

TEAM INFORMATION

Contact Person Name _____ Contact Person Phone _____ Email Address _____

Head Coach Name _____ Head Coach Phone _____ Email Address _____

USA Hockey Roster Link _____

Does your team play exclusively in-house (Y/N)? _____ Anticipated Number of Players _____

Does your team play in a league (Y/N)? If yes, what is the name of your team's league?

- Our Team Consists of Mostly (check-one below):**
- A mixture of a wide range of skill levels
 - Mostly players in their 1st year of hockey.
 - A mix of players in their 1st or 2nd year.
 - Mostly players in their 2nd year.

Send Application Form to
 2023 Marazon Memorial Cup
 c/o Athens Youth Hockey Association
 PO Box 614
 Athens, OH 45701

A complete application includes the application form, link to a valid USA Hockey roster, and the \$1,000 entry fee made out to Athens Youth Hockey Association.

Registration entry fee must be received by November 1st, 2023.



For More Information, Email Deborah McAvoy, AYHA Scheduler
 mcavoy@ohio.edu