**Athens Youth Hockey Association**

 **Squirt House Spring Ice Hockey Tournament Application Form**

Team Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ House or Select/A (circle one)

Team jersey colors:

HOME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AWAY (if have 2 jerseys)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Association: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Coach (if different from contact person): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Also send:

* Link to Roster. All teams must be registered with USA Hockey.
* Deposit to secure priority position. Deposit non-refundable unless AYHA declines your entry due to oversubscription.

Make checks payable to: *Athens Youth Hockey Association*

Send entry materials to:

Squirt House Tournament, AYHA

P.O. Box 614

Athens, Ohio 45701