**Athens Youth Hockey Association  
Marazon Memorial Cup - Mite House Team Spring Ice Hockey Tournament**

**Application Form**  
   
Team Name​\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Team jersey colors:

HOME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AWAY (if have 2 jerseys)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
   
Association: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
   
Contact Person:​\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
   
Address:​\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
   
​​\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
   
Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
   
Coach (if different from contact person):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
   
Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Also send:

* A typed roster including player names, coach and manager names.  (Link to USA Hockey roster to be submitted by February 23rd, 2018.)  All players must be registered with USA Hockey.  This tournament is not for select / all-star teams.  If you combine house teams to make a full roster, choose players based on availability, not ability.
* $150 deposit to secure priority position.  Remaining balance due by February 23rd, 2018.  Deposit non-refundable unless AYHA declines your entry due to oversubscription.

Make checks payable to: Athens Youth Hockey Association  
Send entry materials to:  
Mite House Tournament, AYHA  
P.O. Box 614  
Athens, Ohio   45701

Questions?    
Laura Patton, secretary@athenshockey.com or (571) 214-4175