

Athens Youth Hockey Association

Application Form

Date	Team Name			
/				
Jersey Colors (Home / Away)		Hock	Hockey Association Name	
TEAM INFORMATION				
Contact Person Name	Contact Person	Phone	Email Address	
Head Coach Name	Name Head Coach Phone Email Address			
nead coach name	fiedd Oddiff fi	IONE		
USA Hockey Roster Link				
Does your team play exclusively in-house (Y/N)?			ipated Number of Players	
- <u></u>				
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):			Send Application Form to	
A mixture of a wide range of skill levels]	2023 Veterans Day Tournament	
Mostly players in their 1st year of hockey.] c/	o Athens Youth Hockey Association	
A mix of players in their 1st or 2nd year.]	PO Box 614	
Mostly players in their 2nd year.]	Athens, OH 45701	
Mostly players with more than 2 years.		l app	A complete application includes the lication form, link to a valid USA Hockey er, and the \$1,200 entry fee made out to <i>Athens Youth Hockey Association</i> .	
Registration entry fee must be received by October 25, 2023.				

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