HAYWARD YOUTH HOCKEY ASSOCIATION
TOURNAMENT APPLICATION

TOURNAMENT DATE _____ **ENTRY FEE**_____

PLEASE HIGHLIGHT OR CIRCLE TOURNAMENT YOU WISH TO ENTER

"A" TOURNEYS= WISCONSIN 2A 3A / MN 1B 2B
"B" TOURNEYS = WISCONSIN 2B/W4A

Mite A **Squirt A** **PeeWee A** **Bantam 2A** **Girls U14** **Girls U19** **Men's Great Fire**

Squirt B **PeeWee B** **Girls U19 Elite** **Men's 40 & Older**

HOME TOWN _____ **TEAM NAME** _____

TEAM COLORS_____ **TEAM CLASSIFICATION**_____

COACH_____ CERTIFICATION #_____PHONE_____

ASST COACH_____ CERTIFICATION #_____PHONE_____

MANAGER_____ ADDRESS_____PHONE_____

E-mail address for any of the above for tournament correspondence_____

Please list players in jersey number order. Use back of form if additional space is needed.

JERSEY NUMBER(S)	PLAYER'S NAME (PRINTED)	POSITION	DATE OF BIRTH

Please return completed entry form and tournament fee to:
Hayward Sports Center - Post Office Box 475 – Hayward, WI 54843 e-mail: haywardsports@cheqnet.net