



Affton Americans Hockey
 Tournament
 P.O. BOX 6976
 St. Louis, MO 63123
 314-849-0605
 WWW.AFFTONHOCKEY.ORG



Tournament Name: **St. Patrick's House Tournament**

Tournament Date: **MARCH 8th -14th 2010**

Team Information

Organization and Team Name: _____

Division: (Circle One) Mite/Novice, Squirt/Atom, Pee wee, Bantam, Other: _____

Level: (Circle One) AA, A, A1, A2, B1, B2, House, Other: _____

Primary Team Contact: _____

Street Address: _____

City _____ **State** _____ **Zip** _____

Phone Home: _____ **Work** _____ **Cell** _____

Email Address: _____

Head Coach: _____

Assistant Coach #1 _____ **Assistant Coach #2** _____

Team Manager: _____

It is understood and agreed that by accepting this application to Affton Americans Hockey Tournaments; Affton Athletic Association, the directors, sponsors, and members assume no legal liability for injuries or other loss as result of participations in or traveling to or from said tournament. Payment must be paid in full by check or money order and is non-refundable 30 days from receipt. Make Checks payable to Affton Americans Hockey Tournaments. All coaches, managers, and team officials hereby agree that each member of their team is registered with USA hockey and will abide by all tournament rules as set forth by USA Hockey and the tournament committee.

Signatures

Team Contact: _____ (Date) _____

Head Coach: _____ (Date) _____

Assistant Coach #1: _____ (Date) _____

Assistant Coach #2: _____ (Date) _____

Team Manager: _____ (Date) _____

