

**Spirit of Duluth Hockey Tournament
2019 Application**

_____ Pee Wee AA

_____ Bantam AA

_____ Junior Gold

Team Name: _____

Contact Name: _____

Phone: work _____ home _____

mobile _____

Email: _____

Coach Name: _____

Phone: work _____ home _____

mobile _____

Email: _____

Assistant Name: _____

Phone: work _____ home _____

mobile _____

Email: _____

Manager Name: _____

Phone: work _____ home _____

mobile _____

Email: _____

PLEASE MAKE A COPY OF THIS FORM FOR EACH TEAM THAT YOU ENTER

Return this form to the appropriate tournament representative for your team's level.

PERMISSION FORM

The _____ hockey team has permission to play a hockey game in the 2018 Spirit of Duluth hockey tournament before 6:00 p.m. on Friday, December 6, 2019.

Signed: _____

Name (printed): _____

Title: _____

Date: _____

THIS FORM MUST BE SIGNED AND RETURNED BEFORE YOUR TEAM CAN BE ACCEPTED FOR THE 2019 SPIRIT OF DULUTH HOCKEY TOURNAMENT.