



USA HOCKEY
SOUTHEASTERN DISTRICT
INVITATIONAL TOURNAMENT APPLICATION

Tournament # SEFh202015

(PLEASE TYPE OR PRINT CLEARLY)

Please read USA Hockey Rules and Regulations, Article VIII "Games, Exhibition Games, Invitational Tournaments and Sanctioned Events" and any applicable Affiliate rules before completing this form.

Tournament Title: Mrs. Hockey Invitational
 Dates: 1/17-20/20 Sponsoring Organization: Legacy Global Sports
 Tournament Website (if available): mrshockeyinvite.com

Tournament Director Name: Mitchell Larned
 Fax: n/a Phone: 609-254-9624 Email: mlarned@legacyglobalsports.com
 Address: 290 Heritage Blvd #2
 City: Postsmouth State: NH Zip Code: 03801

Location: Tampa, FL (Florida Hospital Center Ice) Phone: 813-803-7372
 Address: 3173 Cypress Ridge Blvd
 City: Wesley Chapel State: FL Zip Code: 33544

- Check All That Apply:**
- | | | |
|--------------------------------------|--|---|
| <input type="checkbox"/> Adult | <input type="checkbox"/> Midget 18U | <input type="checkbox"/> Women |
| <input type="checkbox"/> College | <input type="checkbox"/> Midget 16U | <input type="checkbox"/> Girls 19U |
| <input type="checkbox"/> Junior | <input type="checkbox"/> Bantam 14U | <input type="checkbox"/> Girls 16U |
| <input type="checkbox"/> High School | <input type="checkbox"/> Pee Wee 12U | <input checked="" type="checkbox"/> Girls 14U |
| <input type="checkbox"/> Sled | <input type="checkbox"/> Squirt 10U | <input checked="" type="checkbox"/> Girls 12U |
| <input type="checkbox"/> Disabled | <input type="checkbox"/> Mite 8U (Cross-ice) | <input type="checkbox"/> Girls 10U |
| | <input type="checkbox"/> Mite 8U (Half-ice) | <input type="checkbox"/> Girls 8U (Cross-ice) |
| | | <input type="checkbox"/> Girls 8U (Half-ice) |

Each tournament is required to verify that all participating teams are properly registered with USA Hockey or their country's federation.

A USA Hockey Official Team Roster Form (1-T) approved by the district or associate registrar shall be proof of proper registration and individual player age. Invitational tournaments shall not require player birth certificates for review.

Travel Permits are required for any team from an affiliate requiring Travel Permits, and are required for all Canadian teams. An International Competition Travel Form is required for all other foreign teams.

Check One: ***USA Hockey Fee** ****Affiliate Fee**

USA Hockey member teams only \$50.00 _____

Canadian or other foreign teams \$75.00 _____

(International Travel Permit required for teams from outside North America)

*Fee payable to USA Hockey ** Check with your District/Associate Registrar

Some tournaments may be considered as "Special Events" and may require an additional fee. *Will be voided if we do not rec. updated ins.*

AFFILIATE USE ONLY — IF REQUIRED

Approved Not Approved

Date: 9-23-19

Signature: _____

Title: Registrar SE

Affiliate: _____

Phone: _____

USA HOCKEY USE ONLY

Approved Not Approved

Date: 9-23-19

Signature: _____

USA Hockey District Registrar or his/her designee

USA Hockey District: SE

Phone: 954-554-4257

THIS APPLICATION WILL NOT BE ACCEPTED WITHOUT ALL RULES AND PROCEDURES OF THE TOURNAMENT.

Send completed form, payment and rules to your District or Associate Registrar.