



**USA HOCKEY**  
**SOUTHEASTERN DISTRICT**  
**INVITATIONAL TOURNAMENT APPLICATION**

Tournament # SEMD1920-13

(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. All tournament promoters and/or organizers that are NOT USA Hockey members, are required to provide proof of liability insurance evidencing \$2,000,000/occurrence and \$4,000,000/aggregate prior to an approved sanction being issued. **Sanctioning of a tournament does not provide insurance for a non-member promoter and/or organizer.**

**Tournament Title:** EASTERN REGIONAL SILVER STICK  
**Dates:** NOV 29 - DEC 1 **Sponsoring Organization:** HAWAII COUNTY YOUTH  
**Tournament Website (if available):** \_\_\_\_\_

**Tournament Director Name:** MICHAEL DUNNELLY  
**Fax:** \_\_\_\_\_ **Phone:** 408-262-4124 **Email:** TAPSCALL@408-OS.M  
**Address:** 1502 BOATON AVE COURT  
**City:** HANALEI **State:** HI **Zip Code:** 21076

**Location:** COLUMBIA ICE RINK **Phone:** \_\_\_\_\_  
**Address:** 5876 THUNDER HILL RD  
**City:** COLUMBIA **State:** MD **Zip Code:** 21045

- Check All That Apply:**
- |  |   |
|--|---|
| <input checked="" type="checkbox"/> 18U (Midget)       | <input type="checkbox"/> Women                |
| <input type="checkbox"/> Adult                         | <input type="checkbox"/> Girls 19U            |
| <input type="checkbox"/> College                       | <input type="checkbox"/> Girls 16U            |
| <input type="checkbox"/> Junior                        | <input type="checkbox"/> Girls 14U            |
| <input type="checkbox"/> High School                   | <input type="checkbox"/> Girls 12U            |
| <input type="checkbox"/> Sled                          | <input type="checkbox"/> Girls 10U            |
| <input type="checkbox"/> Disabled                      | <input type="checkbox"/> Girls 8U (Cross-ice) |
| <input checked="" type="checkbox"/> 16U (Midget)       | <input type="checkbox"/> Girls 8U (Half-ice)  |
| <input type="checkbox"/> 15 (Only) Tier I              |   |
| <input checked="" type="checkbox"/> 14U (Bantam)       |   |
| <input type="checkbox"/> 12U (Pee Wee)                 |   |
| <input checked="" type="checkbox"/> 10U (Squirt)       |   |
| <input type="checkbox"/> Mite 8U (Cross-ice)           |   |
| <input checked="" type="checkbox"/> Mite 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      550.00

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.**

**AFFILIATE USE ONLY — IF REQUIRED**

Approved     Not Approved

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Affiliate: \_\_\_\_\_

Phone: \_\_\_\_\_

**USA HOCKEY USE ONLY**

Approved     Not Approved

Date: 11/20/2019

Signature: Forrest Cottle

USA Hockey District Registrar or his/her designee

USA Hockey District: Southeastern

Phone: 301-854-0856

**THIS APPLICATION WILL NOT BE ACCEPTED WITHOUT ALL RULES AND PROCEDURES OF THE TOURNAMENT AND AN APPROPRIATE CERTIFICATE OF INSURANCE FROM NON-USA HOCKEY MEMBERS.**

Process application, payment, rules and certificate of insurance (if non-member) to your District or Associate Registrar.