

State Tournament Banquet Information

Date: Friday, March 15
Time: 6:00 – 9:00 pm
Place: Medina Entertainment Center, 500 Hwy. 55, Medina, MN 55340
Program: 6:00 – 7:00 Arrival/Team Check In/Social Hour
7:00 – 7:15 Introductions/ Guest Speaker- Chad Greenway, Former MN Viking
7:15 – 8:15 Buffet Dinner
8:15 – 9:00 Introduction of Teams and Team Captains
Ticket Price: \$30.00/Adult
\$14.00/Child Ages 3- 10
Free/ 2 and Under
Players, Officially Rostered Coaches and one Manager are complimentary
Strict dietary allergies will try to be accommodated- Contact Laurie Asplund
Contact: Laurie Asplund- Tourneybanquet@gmail.com or 612-280-0632
Dress Code: Team Apparel or Casual Dress

Information Needed For Participating Teams:

- **PLEASE BRING ONE TEAM JERSEY FOR DISPLAY AT THE BANQUET- TURN IN AT CHECK IN TABLE**
- Please forward the names of the team captains with phonetic pronunciation of last name (if necessary) to Laurie Asplund at Tourneybanquet@gmail.com.
- The captains will have 2 minutes to speak. Suggested topics are:
 - *Season Highlights
 - *Best Game
 - *Service Project
 - *Biggest Challenge of Season
 - *Best Save by a Goalie
 - *Funniest Moment of the Season
 - *Winning a Tournament
- Please send 2 -3 team pictures from the season to tourneybanquet@gmail.com

Banquet Ticket Reservation Form

Reservation #'s must be submitted to Laurie by email to tourneybanquet@gmail.com by **5:00 on March 7th** and payment needs to be received by **March 11, 2019**. Please submit **ONE TEAM CHECK FOR THE FULL AMOUNT** along with the tear off form below to Laurie Asplund, 2635 Zircon Lane N, Plymouth, MN 55447 for your team's banquet attendance. Tickets will not be available at the door. The checks should be made out to Wayzata Youth Hockey Association. Thank you.

Team: _____ Level (Circle One) Bantam Pee wee

Contact Name and Phone # _____

# of Players Attending:	_____	Players Tickets are Complimentary
# of Coaches/Manager Attending:	_____	1 Manager/Rostered Coaches Complimentary
Adult 11–Up \$30 (Regular):	_____	(Vegan/Gluten Free) _____
Child 3–10 \$14:	_____	
Child 2 & Under Free:	_____	
Total # Attending:	_____	
Total Amount Due:	_____	