



USA HOCKEY SOUTHEASTERN DISTRICT INVITATIONAL TOURNAMENT APPLICATION

Tournament # SE NC 201909

(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: Hemby Cup Spring Classic

Dates: March 13-15, 2020 Sponsoring Organization: MYHockey Tournaments

Tournament Website (if available): www.myhockeytournaments.com

Tournament Director Name: Jim Babin

Fax: _____ Phone: 855-898-4040 Email: jbabin@myhockeytournaments.com

Address: 3023 N Clark St, #900

City: Chicago State: IL Zip Code: 60657

Location: Extreme Ice Center

Phone: 704-882-1830

Address: 4705 Indian Trail Fairview Rd

City: Indian Trail State: NC Zip Code: 28079

| | | |
|---|---|---|
| Check All That Apply: | <input checked="" type="checkbox"/> Midget 18U | <input type="checkbox"/> Women |
| <input type="checkbox"/> Adult | <input checked="" type="checkbox"/> Midget 16U | <input type="checkbox"/> Girls 19U |
| <input type="checkbox"/> College | <input checked="" type="checkbox"/> Bantam 14U | <input type="checkbox"/> Girls 16U |
| <input type="checkbox"/> Junior | <input checked="" type="checkbox"/> Pee Wee 12U | <input type="checkbox"/> Girls 14U |
| <input checked="" type="checkbox"/> High School | <input checked="" type="checkbox"/> Squirt 10U | <input type="checkbox"/> Girls 12U |
| <input type="checkbox"/> Sled | <input type="checkbox"/> Mite 8U (Cross-ice) | <input type="checkbox"/> Girls 10U |
| <input type="checkbox"/> Disabled | <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 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: 7/28/19

Signature: Jessica Yehoshaf
USA Hockey District Registrar or his/her designee

USA Hockey District: Southeastern

Phone: 904-673-8221

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.