



2020 TEAM ENTRY FORM

**USA HOCKEY
SOUTHEASTERN
DISTRICT
TOURNAMENT
CHAMPIONSHIP**



Please email the completed form to:

Paul Fidishun at fidishun@bellsouth.net and Cindy Friedman at Cin24K@aol.com

Team Name: _____

Age Classification: Tier I Youth: 14U 15 Only 16U 18U
Tier II Girls: 14U 16U 19U
Women's: B C

Representing which Affiliate? CAHA
 PVAHA
 SAHA
 SAHOF

Team Record: Win _____ Loss _____ Tie _____

Head Coach: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: (____) _____ Evening Phone: (____) _____

Fax: (____) _____ Email: _____

Team Manager: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: (____) _____ Evening Phone: (____) _____

Fax: (____) _____ Email: _____

Does your team have home and away jerseys? Yes No

Team Home Colors: _____

Team Away Colors: _____

Will your team attend with two (2) goaltenders? Yes No