



## TOURNAMENT TRAVEL REQUEST

- Fill out all information completely
- Send to EYH Registrar 30 days in advance – [registrar@everettyouthhockey.com](mailto:registrar@everettyouthhockey.com)

### **EYH Team Information**

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

Team Name: \_\_\_\_\_ Division: \_\_\_\_\_

Team Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### **Tournament Information**

Tournament Name: \_\_\_\_\_

Level of Tournament Play (choose one):    **AAA**    **AA**    **A**    **B**    **C**

Tournament Dates: \_\_\_\_\_

Tournament Location (city/state): \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Tournament Fee Amount: \_\_\_\_\_

Reason for wanting to attend Tournament:

\_\_\_\_\_  
\_\_\_\_\_

Have you confirmed you DO NOT have a league game scheduled during the dates noted above?

Initials: \_\_\_\_\_    YES

How many other Tournaments are you attending this season: \_\_\_\_\_

Approved:    Yes    No    Date: \_\_\_\_\_

EYH Authorized Signature: \_\_\_\_\_

Approved by:    Hockey Director – Kristian Armstrong