



Saratoga Youth Hockey
2009 - 2010 Tournament Application
www.saratogahockey.org

TEAM NAME _____

CONTACT PERSON (TEAM MANAGER) _____

ADDRESS _____

PHONE# _____ E-MAIL _____

Please **circle** the TOURNAMENT and DIVISION you are applying for.

| <u>TOURNAMENT</u> | <u>DIVISIONS</u> | <u>DATES</u> |
|-------------------|------------------|----------------|
| Bantam | A, B, C | November 13-15 |
| Squirt | A, B, C | December 18-20 |
| Pee Wee | A, B | January 8-10 |
| Mite/Midget | A,B/18U | January 29-31 |

TEAM COLORS (HOME) _____ TEAM COLORS (AWAY) _____

Head Coach _____ Phone # _____

Please send your completed application, team roster and check to:

SARATOGA YOUTH HOCKEY
Attn: Dave Merriman - Tournaments
PO BOX 247
SARATOGA SPRINGS, NY 12866

Tournament fee is \$750.00 per team. We offer a 4 game guarantee. Please make your check out to SYHI and mail in with your completed application. A copy of your official USA Hockey Roster will be required at tournament check in. Should we be unable to accommodate your team for any reason, I will notify you ASAP and return your check. We strive to have a good competitive balance within each division and create exciting games and fun memories for all involved. Call me with any questions.

Dave Merriman
SYHI Tournament Director
518-376-9260 cell
davem2424@yahoo.com