



Saratoga Youth Hockey
2011 - 2012 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.

Bantam	A, B	November 11-13, 2011
Squirt	A, B, C	December 16-18, 2011
Pee Wee	A, B	January 6-8, 2012
Mite/Midget	Mite A & Midget 16U	February 3-5, 2012

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

Head Coach _____ Phone # _____

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

SARATOGA YOUTH HOCKEY
Attn: Frank Robens - Tournaments
PO BOX 247
SARATOGA SPRINGS, NY 12866

Tournament fee is \$795.00 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.

Frank Robens
SYHI Tournament Director
518-441-2082 cell
tournaments@syhi.org