



Tournament Registration Form

Tournament Date: _____

Team Name: _____ Level: _____

Address: _____ Phone: _____

Head Coach: _____ Asst. Coach: _____

Manager: _____ Asst. Coach: _____

Contact Person: *(Name)* _____

Phone _____ E-Mail _____

Team Colors: Home _____ Away _____

Player Name	Position	Jersey #	Birth date
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			
7. _____			
8. _____			
9. _____			
10. _____			
11. _____			
12. _____			
13. _____			
14. _____			
15. _____			
16. _____			
17. _____			
18. _____			
19. _____			
20. _____			

Please send registration form with USA Hockey T1 Roster OR Hockey Canada
equivalent & non-refundable check to:
Center State Stampede Youth Hockey
P.O. Box 40
Cazenovia, NY 13035