



2019 TEAM ENTRY FORM

**USA HOCKEY
SOUTHEASTERN
DISTRICT
TOURNAMENT
CHAMPIONSHIP**



Please email the completed form to:

Daryl McCoy at darylmc4@aol.com 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