

# 2018 Capital City Freeze Tournament Application Springfield, IL November 9-11, 2018

<b>Team Name</b>	
<b>League (NIHL, Missouri, Midwest, Buckeye, or other)</b>	
<b>Declared League Level of Play</b>	
<b>Age Level</b>	
<b>Level of Play</b>	
<b>Association or Club</b>	
<b>Head Coach</b>	
<b>Email</b>	
<b>Home #</b>	
<b>Cell #</b>	
<b>Manager</b>	
<b>Email</b>	
<b>Home #</b>	
<b>Cell #</b>	
<b>Home Jersey Colors</b>	
<b>Away Jersey Colors</b>	

**Registration and Fees:**

- Tournament Fee: \$950 (Early Registration Fee is \$875 valid thru 10/1/18)
- Please make checks payable to SYHA.

**Tournament Approved Hotels:**

- All teams are required to use a tournament-approved hotel at the tournament's contracted room rate. The tournament will provide a list of approved hotels on the tournament's webpage. Hotel reservation lists are required to be submitted to the tournament director, via email, NO LATER than Oct 20<sup>th</sup>, 201.

**Tournament Acceptance**

- The tournament will notify teams of acceptance into the tournament upon receipt of completed application and tournament fee. Teams must also submit the Team Registration/Roster at least two weeks prior to the tournament.

**I am submitting this application for the Capital City Freeze Tournament on behalf of the team listed above. We have received a copy of 2018 Tournament Rules and we will abide by the Tournament's approved hotel policy.**

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Print Name

\_\_\_\_\_

Title

**Mail this application along with a Team Registration/Roster and the Tournament Registration Fee to:**

**Capital City Freeze Tournament, c/o Brian Davis  
1108 Christopher Lane  
Springfield, IL 62712.**

**Questions? Contact Brian Davis at 217-415-0058 or SYHAFreezeTourney@gmail.com.**