



# USA HOCKEY SOUTHEASTERN DISTRICT INVITATIONAL TOURNAMENT APPLICATION

Tournament # SEFLH20204

(PLEASE TYPE OR PRINT CLEARLY)

Please read USA Hockey Rules and Regulations, Article VIII "Games, Exhibition Games, Invitational Tournaments and Sanctioned Events" and any applicable Affiliate rules before completing this form.

**Tournament Title:** Tampa Winter Escape

Dates: January 18-20, 2020 Sponsoring Organization: MYHockey Tournaments

Tournament Website (if available): www.myhockeytournaments.com

**Tournament Director Name:** Jim Babin

Fax: \_\_\_\_\_ Phone: 855-898-4040 Email: jbabin@myhockeytournaments.com

Address: 3023 N Clark St, #900

City: Chicago State: IL Zip Code: 60657

**Location:** Advent Health Center Ice Phone: 813-803-7372

Address: 3173 Cypress Ridge Blvd

City: Wesley Chapel State: FL Zip Code: 33544

- Check All That Apply:**
- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Midget 18U  | <input type="checkbox"/> Women                |
| <input type="checkbox"/> Adult                  | <input type="checkbox"/> Girls 19U            |
| <input type="checkbox"/> College                | <input type="checkbox"/> Girls 16U            |
| <input type="checkbox"/> Junior                 | <input type="checkbox"/> Girls 14U            |
| <input checked="" type="checkbox"/> High School | <input type="checkbox"/> Girls 12U            |
| <input type="checkbox"/> Sled                   | <input type="checkbox"/> Girls 10U            |
| <input type="checkbox"/> Disabled               | <input type="checkbox"/> Girls 8U (Cross-ice) |
| <input checked="" type="checkbox"/> Midget 16U  | <input type="checkbox"/> Girls 8U (Half-ice)  |
| <input checked="" type="checkbox"/> Bantam 14U  |   |
| <input checked="" type="checkbox"/> Pee Wee 12U |   |
| <input checked="" type="checkbox"/> Squirt 10U  |   |
| <input type="checkbox"/> Mite 8U (Cross-ice)    |   |
| <input type="checkbox"/> Mite 8U (Half-ice)     |   |

*Each tournament is required to verify that all participating teams are properly registered with USA Hockey or their country's federation.*

*A USA Hockey Official Team Roster Form (1-T) approved by the district or associate registrar shall be proof of proper registration and individual player age. Invitational tournaments shall not require player birth certificates for review.*

*Travel Permits are required for any team from an affiliate requiring Travel Permits, and are required for all Canadian teams. An International Competition Travel Form is required for all other foreign teams.*

- Check One:**      **\*USA Hockey Fee**      **\*\*Affiliate Fee**
- USA Hockey member teams only      \$50.00
- Canadian or other foreign teams      \$75.00      100.00 750
- (International Travel Permit required for teams from outside North America)*

*\*Fee payable to USA Hockey    \*\* Check with your District/Associate Registrar*

**Some tournaments may be considered as "Special Events" and may require an additional fee.**

**AFFILIATE USE ONLY — IF REQUIRED**

Approved     Not Approved

Date: 2-11-19

Signature: [Signature]

Title: Registrar

Affiliate: SE

Phone: \_\_\_\_\_

**USA HOCKEY USE ONLY**

Approved     Not Approved

Date: 7-11-19

Signature: [Signature]

USA Hockey District Registrar or his/her designee

USA Hockey District: SE

Phone: 954-554-4753

**THIS APPLICATION WILL NOT BE ACCEPTED WITHOUT ALL RULES AND PROCEDURES OF THE TOURNAMENT.**

Send completed form, payment and rules to your District or Associate Registrar.