



Saratoga Youth Hockey
2007 - 2008 Tournament Application

TEAM NAME _____

CONTACT PERSON (TEAM MANAGER) _____

ADDRESS _____

PHONE# _____ E-MAIL _____

Please **circle** the TOURNAMENT and DIVISION you are applying for.

<u>TOURNAMENT</u>	<u>DIVISIONS</u>	<u>DATES</u>
Squirt	A, B, C	October 26 - 28
Pee Wee	A, B, C	November 30 - December 2
Bantam	A, B, C	December 14 - 16
Mite/Midget	A, B/Full Season	February 1 – 3
Squirt	B, C	February 29 – March 2

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

Head Coach _____ Phone # _____

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

SARATOGA YOUTH HOCKEY
Attn: Dave Merriman
TOURNAMENT DIRECTOR
PO BOX 247
SARATOGA SPRINGS, NY 12866

Tournament fee is \$695.00 per team. We offer a 4 game guarantee. Please make your check out to SYHI. A copy of your official USA 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.

Don't forget to visit our website: www.saratogahockey.org
Dave Merriman – cell number 518-376-9260