

Duluth Amateur Hockey Association

2010-2011 DULUTH INVITATIONAL TOURNAMENT APPLICATION FORM

ASSOCIATION NAME: _____

TEAM NAME: _____

LEVEL: (*circle one*)

December 17-19, 2010
Glen Avon
"Head of the Lakes"
Bantam B-1
PeeWee B-1

December 3-5, 2010
DAHA
"Up North"
Bantam B-2
PeeWee B-2

(*please print*)

HEAD COACH: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (H) _____ (W) _____

EMAIL ADDRESS: _____

(*please print*)

MANAGER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (H) _____ (W) _____

EMAIL ADDRESS: _____

Do you prefer correspondence be sent to: _____ Head Coach or _____ Manager

*****Please indicate if your team can participate as early as 3:00PM on Friday.*****

_____ Yes _____ No

Signature of Coach or Manager _____

To secure your team's spot in the 2010-2011 Duluth Invitational Tournament, please return this form along with your check for **\$700.00 (\$750 for Bantam B-1 teams)** made payable to the Duluth Amateur Hockey Association (DAHA), 120 S. 30TH Ave W., Duluth, MN 55806 (218)728-8000. In addition, there will be a prepaid gate fee of **\$25 per roster player** for the "Up North Hockey Classic" and a flat rate of **\$400** for the "Head of the Lakes Hockey Classic" tournament due at the tournament team credential check. Thank you.

-----OFFICE USE ONLY-----

Date Received _____ Amount _____ Check# _____