

Two Harbors Youth Hockey
Tournament Registration
Squirt B
January 16 – 18, 2009

Please complete the information below and return it with your check made payable to: Two Harbors Youth Hockey. Send to: 301 8th Ave, Two Harbors, MN. 55616. *We will need your team rosters as soon as possible. A copy of the birth certificates is due at registration before the tournament.*

Association Name: _____
Team Name: _____
Team Colors: Home: _____ Away: _____
Team Contact: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____

The entry for this tournament is \$425.
Registration will be made on a first come first serve basis.
Payment in full guarantees your spot in the tournament.
Confirmation will be returned as soon as possible.
Registration will be returned if tournament is filled or cancelled.
*Teams willing to play Friday, please indicate: Willing to play
Friday: _____ Would rather not: _____

Hotels in Two Harbors:

AmericInn: 218-834-3000
Country Inn: 218-834-5557
Superior Shores: 218-834-5671
Grand Superior Lodge: 218-834-3796

Date Received: _____ Amount: _____ Check #: _____