



West Salem Hockey Association

Squirt Tournament Registration Form

December 4-6, 2009



Association/Team Name: _____

Level: 3/4A 3/4B (circle one) Team Colors: _____

Head Coach: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Assistance Coach: _____

Team Representative/Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Tournament Information

Squirt Tournament \$250.00 3 game guarantee

Follow USA and WAHA Rules

**To guarantee a place in the tournament please
print and return this form with payment in full to:**

West Salem Tournament
C/o Mary Whitbeck
800 West Ave N Lot 219
West Salem, WI 54669
608-786-4682
mwhitbeck6124188@aol.com

The following must be submitted prior to the tournament:

- ♦ A copy of your USA Hockey Player Roster Form
- ♦ West Salem 2009/2010 Tournament Roster and Registration Form (to be sent to you upon receipt of this registration)