

Marshfield Youth Hockey Association

Squirt Tournament Application Form

- ✓ January 27th and 28th, 2018
- ✓ \$350 if received by January 12th and \$400 if received after.
- ✓ 6 teams, pool play and 3 games guarantee.

Team Name: _____ Jersey Colors _____ Light _____ Dark _____

Team Contact(s): _____

Phone Number(s): _____ Email(s): _____

TEAM ROSTER (please print or send me your roster as an attachment using excel)

	Jersey #	Name		Jersey #	Name
1.			11.		
2.			12.		
3.			13.		
4.			14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10			20.		

***** MAKE CHECKS PAYABLE TO MYHA *****

Please send to
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