



# USA HOCKEY SOUTHEASTERN DISTRICT INVITATIONAL TOURNAMENT APPLICATION

Tournament # SENC202001

**This sanctioned Invitational Tournament is expected to be conducted in compliance with local, state and federal health guidelines and regulations in force at the time and location of the tournament.**

Please read USA Hockey Rules and Regulations, Article VIII "Games, Exhibition Games, Invitational Tournaments and Sanctioned Events" and any applicable Affiliate rules before completing this form. All tournament promoters and/or organizers that are NOT USA Hockey-approved member programs, are required to provide proof of liability insurance evidencing \$2,000,000/occurrence and \$4,000,000/aggregate prior to an approved sanction being issued. **Sanctioning of a tournament does not provide insurance for a non-member promoter and/or organizer.**

**Tournament Title:** Carolina Fall Classic

Dates: October 23-25, 2020      Sponsoring Organization: MYHockey Tournaments

Tournament Website (if available): www.myhockeytournaments.com

**Tournament Director Name:** Jim Babin

Fax: \_\_\_\_\_ Phone: 855-898-4040      Email: jbabin@myhockeytournaments.com

Address: 3023 N. Clark Street, Suite #900

City: Chicago      State: IL      Zip Code: 60657

**Location:** Extreme Ice Center      Phone: 704-882-1830

Address: 4705 Indian Trail Fairview Rd.

City: Indian Trail      State: NC      Zip Code: 28079

<b>Check All That Apply:</b>		
<input checked="" type="checkbox"/> 18U (Midget)	<input type="checkbox"/> Women	
<input type="checkbox"/> Adult	<input checked="" type="checkbox"/> 16U (Midget)	<input checked="" type="checkbox"/> Girls 19U
<input type="checkbox"/> College	<input type="checkbox"/> 15 (Only) Tier I	<input checked="" type="checkbox"/> Girls 16U
<input type="checkbox"/> Junior	<input checked="" type="checkbox"/> 14U (Bantam)	<input checked="" type="checkbox"/> Girls 14U
<input checked="" type="checkbox"/> High School	<input checked="" type="checkbox"/> 12U (Pee Wee)	<input checked="" type="checkbox"/> Girls 12U
<input type="checkbox"/> Sled	<input checked="" type="checkbox"/> 10U (Squirt)	<input checked="" type="checkbox"/> Girls 10U
<input type="checkbox"/> Disabled	<input type="checkbox"/> Mite 8U (Cross-ice)	<input type="checkbox"/> Girls 8U (Cross-ice)
	<input checked="" type="checkbox"/> Mite 8U (Half-ice)	<input type="checkbox"/> Girls 8U (Half-ice)

Each tournament is required to verify that all participating teams are properly registered with USA Hockey or their country's federation.

A USA Hockey Official Team Roster Form (1-T) approved by the district or associate registrar shall be proof of proper registration and individual player age. Invitational tournaments shall not require player birth certificates for review.

Travel Permits are required for any team from an affiliate requiring travel permits. All Canadian Teams must have an approved travel permit from Hockey Canada or their member branch. An approved International Competition Travel form is required for all other foreign teams.

**Check One:**      **\*USA Hockey Fee**      **\*\*Affiliate Fee**

USA Hockey member teams only      \$50.00      50.00

Canadian or other foreign teams      \$75.00      \_\_\_\_\_

(International Travel Permit required for teams from outside North America)

\*Fee payable to USA Hockey      \*\* Check with your District/Associate Registrar

**Some tournaments may be considered as "Special Events" and may require an additional fee.**

**AFFILIATE USE ONLY — IF REQUIRED**

Approved       Not Approved

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Affiliate: \_\_\_\_\_

Phone: \_\_\_\_\_

**USA HOCKEY USE ONLY**

Approved       Not Approved

Date: 9/2/20

Signature: Jessica Whisthal  
USA Hockey District Registrar or his/her designee

USA Hockey District: Southeastern

Phone: 904-673-8221

**THIS APPLICATION WILL NOT BE ACCEPTED WITHOUT ALL RULES AND PROCEDURES OF THE TOURNAMENT AND AN APPROPRIATE CERTIFICATE OF INSURANCE FROM NON-USA HOCKEY MEMBERS.**

*Process application, payment, rules and certificate of insurance (if non-member) to your District or Associate Registrar.*