



USA HOCKEY SOUTHEASTERN DISTRICT INVITATIONAL TOURNAMENT APPLICATION

20-21-VA-0002

Tournament # _____

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: Congressional Cup Fall Classic

Dates: October 10-12, 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 St, #900

City: Chicago State: IL Zip Code: 60610

Location: Ashburn Ice House Phone: 703-858-0300

Address: 21595 Smith Switch Road

City: Ashburn State: VA Zip Code: 20147

Check All That Apply:		
<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 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 _____

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: 8/22/20

Signature: [Signature]

Title: VA State Registrar

Affiliate: PVAHA

Phone: 703-928-2446

USA HOCKEY USE ONLY

Approved Not Approved

Date: _____

Signature: _____

USA Hockey District Registrar or his/her designee

USA Hockey District: _____

Phone: _____

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.