



## HHSHA Invitational Crossover Games

Hosted by the Hoosier High School Hockey Association

January 19<sup>th</sup> - 21<sup>th</sup>, 2018

The Hoosier High School Hockey Association would like to invite you to the 10th annual HHSHA Crossover Games in Indy. We look forward to hosting 20 teams from across the state of Indiana. Each team will be guaranteed 3 games and all games will count towards the crossovers needed to enter the State Tourney. This is a USA Hockey sanctioned event and all teams will need to be registered with USA Hockey.

We have had to move our HHSHA Crossover tournament off of the MLK weekend as the Indy Junior Fuel Youth Hockey program are hosting a youth tournament this year in conjunction with the INDY FUEL AND ECHL ALL STAR GAME that's on Sunday January 14, 2018

The Details are as follows:

- **\*Registration Fees:** \$1,400 per team (\$900.00 must be paid with the registration form with the remainder \$500.00 paid by December 1st, 2017
- **Registration Deadline:** November 17<sup>th</sup>, 2017 but this fill up quickly!
- **Refunds will only be paid out if a suitable team is found to replace your team.**
- **3 Game Guarantee**
- **Once I have a full slate of teams I will send the final schedule out if your team is paid in full.**
- **All games count towards the Crossover requirements set by the ISHSHA.**
- **All games will be played at the Carmel Ice Skadium and the Arctic Zone.**
- **All Games will be officiated with 1 Arm Band and 2 Linesmen, certified by USA Hockey.**

If you have questions or concerns about the games,  
please contact Doug Losure at [dlosure@gmail.com](mailto:dlosure@gmail.com) call at 812-343-6281(Cell).  
Alex Hottle at [hshacommissioner@yahoo.com](mailto:hshacommissioner@yahoo.com) or call at 317-409-7382 (Cell).

**Date sent :** \_\_\_\_\_ **Check number:** \_\_\_\_\_  
**sent by** \_\_\_\_\_



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**Please make checks payable to: HSHA**

Mail all entries to: HOOSIER LEAGUE Crossover Games

**Doug Losure  
1571 Wrenwood Dr.  
Columbus, IN 47201-**

**Please print out and PRINT LEGIBLY**

**Team Name:** \_\_\_\_\_  
Hometown League: \_\_\_\_\_ Division within League: \_\_\_\_\_  
Coach: \_\_\_\_\_ Cell # \_\_\_\_\_  
Coach's email: \_\_\_\_\_

**Team Contact Information**

Name: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: (Cell) \_\_\_\_\_ (home or work) \_\_\_\_\_

**Please provide the link to your USA Hockey Team Registration by December 1, 2017. (\*The fees and your entry form should be sent together. \*)**

**Date received: \_\_\_\_\_ Check number: \_\_\_\_\_ rec'd by \_\_\_\_\_**

**In full \$1400.00**

**Partial Deposit payment \$900.00 , rest Due by December 1,2018 \$500.00**

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