

# WINTER CARNIVAL

DECEMBER  
6 - 8



STOWE  
VERMONT



## TEAM APPLICATION



**Team Name:** \_\_\_\_\_

**Division:**      **Bantam**                      **PeeWee**                      **Squirt**

**Contact Info:**      **Team Manager:** \_\_\_\_\_      **Cell:** \_\_\_\_\_

**Team Manager email:** \_\_\_\_\_

**Coach:** \_\_\_\_\_      **Cell:** \_\_\_\_\_

**Coach email:** \_\_\_\_\_

Return this form and your non-refundable \$750 deposit to the address below. Teams will not be confirmed for the tournament until the deposit is received. Please make checks out to Stowe Youth Hockey.

You can find additional information at <http://www.stoweyouthhockey.com/wintercarnival>.

**Mail completed forms to:** Stowe Youth Hockey  
ATTN: Winter Carnival  
PO Box 504  
Stowe, VT 05672

**Any Questions:** Nifer Hoehn  
802.793.9693  
niferhoehn@gmail.com