



USA HOCKEY INVITATIONAL TOURNAMENT APPLICATION

Tournament # _____

IMPORTANT: 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. 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. All tournament promoters and/or organizers that are NOT USA Hockey-approved member programs, are required to provide proof of liability insurance evidencing \$1,000,000/occurrence and \$2,000,000/aggregate prior to an approved sanction being issued. Sanctioning of a tournament does not provide insurance for a non-member promoter and/or organizer. All tournament promoters and/or organizers agree that they are responsible for following and shall follow the USA Hockey Sanctioned Tournament Safe Sport Program Protocol, online at usahockey.com/resourcesanddownloads, in operation of the sanctioned tournament.

Tournament Title: _____

Dates: _____ **Tournament Website:** _____

Sponsoring Organization: _____

Tournament Location: _____

Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Tournament Contact Person: _____

Phone: _____ **Email:** _____

Will medical staff be on-site during this sanctioned event? Yes No

It is recommended that the sanctioned tournament operator arrange for medical personnel to attend all games with at least one medical person on-site at every venue used for tournament play. Medical personnel defined as Certified Athletic Training (ATC), EMT, Paramedic or Physician.

CHECK ALL THAT APPLY:

- | | | |
|--------------------------------------|---|--|
| <input type="checkbox"/> Adult | <input type="checkbox"/> 18U | <input type="checkbox"/> 8U (Half/Cross-ice) |
| <input type="checkbox"/> College | <input type="checkbox"/> 16U | <input type="checkbox"/> Women |
| <input type="checkbox"/> Junior | <input type="checkbox"/> 150 Tier I | <input type="checkbox"/> Girls 19U |
| <input type="checkbox"/> High School | <input type="checkbox"/> 14U | <input type="checkbox"/> Girls 16U |
| <input type="checkbox"/> Sled | <input type="checkbox"/> 130 Tier I | <input type="checkbox"/> Girls 14U |
| <input type="checkbox"/> Disabled | <input type="checkbox"/> 12U | <input type="checkbox"/> Girls 12U |
| | <input type="checkbox"/> 10U | <input type="checkbox"/> Girls 10U |
| | <input type="checkbox"/> 8U (Full-ice Waiver) | <input type="checkbox"/> Girls 8U |

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.

Event Type: Invitational Tournament Showcase Exhibition 3 on 3* 4 on 4*

**No official roster needed, need to confirm all participants are USA Hockey members*

***USA Hockey Fee**

USA Hockey Sanction Fee \$250.0

(Application for International Competition and fees are required for teams from outside North America in addition to the Invitational Tournament Application)

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

****Affiliate Fee**

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

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.

USA HOCKEY USE ONLY

Approved Not Approved

Date: _____ **Signature:** _____

USA Hockey District Registrar or his/her designee

USA Hockey District: _____ **Phone:** _____

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