



CENTER STATE YOUTH HOCKEY ASSOCIATION



Tournament Registration Form

Tournament Name:	
Dates of Tournament:	
Team Name:	Level:
Organization Location:	
Head Coach:	CEP# & Expiration
Assistant Coach:	CEP# & Expiration
Assistant Coach:	CEP# & Expiration
Team Manager/Main Contact:	
Email:	Phone:
Team Colors:	Please attach photo/image of jersey

	PLAYER NAME	JERSEY #	POSITION	BIRTH YEAR
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Please send registration form with USA Hockey T1 Roster OR Hockey Canada equivalent & non-refundable check to: Center State Stampede Youth Hockey Association
 c/o Kelly Leinbach
 1219 State Route 12
 Earlville, NY 13332

**For Tournament questions, information or inquiries please contact:
 Kelly Leinbach @ 607-316-1944 or csyha.tournamentdir@gmail.com**