



Tyler Wilcox Memorial Squirt Tournament

Registration Form

Team Name: _____

Level A or Level B: _____

Head Coach's Name: _____

Phone: _____

Email: _____

Coordinator's Name: _____

Phone: _____

Email: _____

Payment: Send check payable to **OHA** in the amount of **\$650** along with this form to:

Oahe Hockey Association

Tyler Wilcox Tournament

PO Box 87

Pierre, SD 57501

*** A separate form is required for EACH team level.***