



**2009-2010 PARK COUNTY YOUTH HOCKEY ASSOCIATION
TOURNAMENT APPLICATION**

TOURNAMENT: MITE _____ SQUIRT A/B _____ PEE WEE A/B _____
BANTAM _____ MIDGET A/B _____

ASSOCIATION: _____

TEAM NAME: _____

TEAM COACH: _____ ASSISTANT: _____

TEAM MANAGER/CONTACT: _____

ADDRESS: _____

E-MAIL: _____ PHONE: _____

TEAM COLORS: HOME _____ AWAY _____

****PLEASE MAIL YOUR COMPLETED APPLICATION ALONG WITH YOUR TEAM ROSTER AND CHECKS MADE PAYABLE TO PCYHA TO:
PARK COUNTY YOUTH HOCKEY ASSOCIATION
P.O. BOX 1343
CODY, WY 82414**

****A USA TEAM ROSTER WILL BE REQUIRED PRIOR TO TOURNAMENT PLAY. YOU MAY SEND THIS WITH YOUR APPLICATION IF AVAILABLE. A TOURNAMENT SCHEDULE WILL BE SENT TO YOU AS SOON AS POSSIBLE. WE WILL TAKE INTO FULL CONSIDERATION YOUR HOME LOCATION AND TRAVEL DISTANCES WHEN SCHEDULING.**

****OUR RINK HAS A NO TOLERANCE POLICY. WE DO NOT TOLERATE UNRULY BEHAVIOR NOR WILL WE TOLERATE THE USE OF ALCOHOL OR TOBACCO IN OUR FACILITY. WE APPRECIATE YOUR RESPECT FOR THESE RULES.**

****PARK COUNTY YOUTH HOCKEY ASSOCIATION, PARENTS, AND THE RILEY ARENA WANT TO THANK YOU FOR JOINING US IN OUR HOUSE TOURNAMENTS. OUR GOAL IS TO MAKE THIS A PLEASANT AND FUN EXPERIENCE FOR ALL. PLEASE FEEL FREE TO LET US KNOW HOW YOUR EXPERIENCE WAS AND IF THERE IS ANYTHING WE CAN DO TO MAKE IT BETTER.**

*******FOR PCYHA USE ONLY*******

TOURNAMENT FEE PAID WITH CK # _____

ROSTER RECEIVED _____