

TEAM APPLICATION

The 32nd Annual
Midwest Regional
Holiday Squirt `A` Invitational Tournament
December 28th - December 30th, 2007
Fee: \$650.00

Name of Team

Sponsor or Association

Team Colors

District #

Please fill out completely and e-mail to: chrissindt@comcast.net

Please make checks payable to: NSPAHA

Please mail to: Chris Sindt, c/o NSPAHA, 1968 Cope Avenue East, Maplewood, MN 55109

Phone Number: 651-748-4716

E-mail address: chrissindt@comcast.net

Team Roster: Attached is a team roster, please include player name, position, age, DOB and Jersey Number

Name of Coaches and Team Managers

Roster Verification and Age Certification

Verification will take place prior to your first game. The Tournament Credentials Chairperson will verify rosters and certify the ages of all players. Birth Certificates, official tournament roster, and red copy of player IMR will be available for inspection at team check-in

Coach	Manager
Address	Address
City, State, Zip	City, State, Zip
Phone	Phone
E-Mail	E-Mail