



Minnesota Made Preview Challenge Cup

Application for Consideration

Players Name _____ Birth date ____/____/____

Address _____

City _____ State _____ Zip Code _____

Fathers Name _____ Fathers Cell _____ - _____ - _____

Fathers Email _____

Mothers Name _____ Mothers Cell _____ - _____ - _____

Mothers Email _____

Association _____

Level Played this Year 1st Year 2nd Year

10U 10U

12U 12U

Forward

Defense

Goalie

Please mail or fax this completed form to the following address:

Attn: Jim Bodick

Minnesota Made Hockey

7300 Bush Lake Road

Edina, MN 55439

Phone: 952-746-9033 Fax: 952-746-9036