

Grand Rapids Amateur Hockey Association

Instructions: Please fill out ALL information requested. Thank you for your interest in Grand Rapids Amateur Hockey Association Tournaments.

DATE OF TOURNAMENT: _____

ASSOCIATION NAME: _____

LEVEL OF TEAM: _____ **HOME DISTRICT:** _____

HEAD COACH (Incl phone & email): _____

ASST COACH (Incl phone & email): _____

TEAM MANAGER (Incl phone & email): _____

MGR MAILING ADDRESS: _____

CITY: _____ **ST:** _____ **ZIP:** _____

CONFIRMATION EMAIL (REQUIRED): _____

CHECK AMOUNT ENCLOSED: _____ **CHECK #:** _____

Please return this application along with a check for:

\$875.00 Junior Gold A (based on 12 team, 4 game tournament)

\$650.00 Bantam A/B

\$625.00 14U A, Pee wee A/B/B2

\$575.00 12U A/B

\$550.00 Squirt A/B2, 10U A/B

made payable to **GRAHA** in order to guarantee a spot in the tournament of your choice.

Applications are confirmed on a first come, first serve basis. A confirmation email will follow upon receipt and entry into the tournament. **Please note: We will collect a GATE FEE per team of \$275.00 due no later than December 1st 2011.**

There will be no money collected from spectators at the door.

Send application and check to:

GRAHA Tournament Coordinator

Sue & Bryan Harris

58671 Eagle Nest Rd

Deer River, MN 56636

TELEPHONE: 218-398-0630 or 218-398-0629

EMAIL: tournaments@grhockey.com