

Rosemount Squirt B Holiday Tournament
December 12 – 14, 2008
Application

Contact Information:

Name: _____

Address: _____

City, State, Zip: _____

Telephone #: _____

Email: _____

Team Name: _____

Team Colors: _____

Team Level:

The Entry Fee is \$600 per team. Your entrance into the tournament can only be guaranteed by submitting this application with a check made payable to Rosemount Youth Hockey Boosters covering your team's entry fee. Once payment has been received you will receive confirmation of your participation in the tournament. A tournament packet including rules and regulations, map to the Rosemount Community Center Ice Arena as well as the Coach and Team Roster form will be mailed in November. The Coach and Team Roster Form will need to be completed and returned to me at least 30 days prior to the tournament. A \$20 per player gate fee will be charged each team. There will be no other gate fees charged the weekend of the tournament. In the event that you need to pull out of the tournament once payment has been received, you will only receive a refund if a replacement team can be found minus a \$25 administration fee.

Please return this form along with your **check made payable to RYHB** (Rosemount Youth Hockey Boosters) to:

Rosemount Youth Hockey Boosters
Attn: Susan Carter, Tournament Director
P.O. Box 135
Rosemount, MN 55068