



Michigan Amateur Hockey Association

CANADIAN TOURNAMENT APPLICATION FORM

TOURNAMENT LOCATION: _____
CITY PROVINCE

TOURNAMENT DATE: _____
MONTH DAY YEAR

TOURNAMENT SPONSOR: _____

TOURNAMENT DIRECTOR: _____
NAME POSITION

_____ ADDRESS

_____ CITY PROVINCE ZIP

_____ HOME PHONE WORK IF AVAILABLE

NAME OF TEAM APPLYING: _____

TEAM NUMBER: _____

CLASSIFICATION: _____

HEAD COACH OR MANAGER: _____
NAME POSITION

_____ ADDRESS

_____ CITY ZIP

_____ HOME PHONE WORK IF AVAILABLE

MAIL THIS FORM AND A CHECK FOR \$10.00 MADE PAYABLE TO M.A.H.A. WITH A STAMPED SELF-ADDRESSED ENVELOPE TO THE UNDERSIGNED FOR YOUR PERMIT. EACH TEAM MUST SEND A COPY OF THE SCORE SHEET FOR EACH GAME PLAYED IN THE TOURNAMENT WITHIN SEVEN DAYS AFTER RETURNING FROM THE TOURNAMENT.

JERRY LUDDEN
1316 WOODINGHAM
EAST LANSING, MI 48823

