

**Tournament Team Request Form**

**This is a fill-able pdf form; you should be able to type on the form.**

**TOURNAMENT TEAM** - A team that is formed for the limited purpose of playing in a Tournament(s) and is composed of players currently and regularly playing games on another rostered team or teams. All applications for a Tournament Team must be approved by the SAHOF Youth Committee which will limit these teams in terms of scope and time. Any Tournament Team that is deemed to be playing the equivalent of a full fall calendar schedule will be deemed an independent Tier I or Tier II team and players rostered on said team are ineligible for any other team during the same season. ALL Players rostered on a non-approved Tournament teams are ineligible for any post-season tournaments.

Any Tournament team found to have violated the conditions granted from the Youth Committee may render **all of the players on that team ineligible for post season play.**

\_\_\_\_\_ herby requests approval for a certified tournament team roster.  
(Name of Organization)

This \_\_\_\_\_ team will be participating in \_\_\_\_\_ tournaments together. (Max of 3)  
Level of Team

(1)	_____	_____	on _____.
	Name of Tournament	Name of City, State	Tournament dates
(2)	_____	_____	on _____.
	Name of Tournament	Name of City, State	Tournament dates
(3)	_____	_____	on _____.
	Name of Tournament	Name of City, State	Tournament dates

Further this team will practice \_\_\_\_\_ times together for a total of \_\_\_\_\_ hours.

Name of Head coach for this team: \_\_\_\_\_ (print)

Name of President or Registrar of requesting organization. \_\_\_\_\_ (print)

Signature of Organization President or Registrar \_\_\_\_\_ Date \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Please be sure to include with this form: Email all documents to: John Conley at: [jconley@sahofhockey.org](mailto:jconley@sahofhockey.org)

1. USAH Roster produced on Cyber sport software.
2. Word or Excel Roster with all players' full names and principle organization.
3. Approval Letter from player's principle organization President or Head Coach (mangers and AC do not count).  
(If the player plays for another team)

**Guidelines for approval of tournament teams**

1. YOU MUST SUBMIT THIS REQUEST NO LESS THAN 5 DAYS BEFORE THE TOURNAMENT.
2. All players must have approval from their principle organization.
3. Players will be limited to no more than 3 tournaments with same or material same team.
4. Teams or material same teams will be limited to no more than 3 tournaments together.
5. Tournament Roster will expire day following stated tournament dates.
6. We will forward USAH roster to the Affiliate Registrar for certification upon approval.

For Official Use only

Request Approved \_\_\_\_\_ Request Denied \_\_\_\_\_ Date \_\_\_\_\_