

**Spirit of Duluth Hockey Tournament  
2024 Application**

\_\_\_ Squirt \_\_\_ Pee Wee AA \_\_\_ Bantam AA \_\_\_ Junior Gold Team

Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: work \_\_\_\_\_ home \_\_\_\_\_  
mobile \_\_\_\_\_

Email: \_\_\_\_\_

Coach Name: \_\_\_\_\_

Phone: work \_\_\_\_\_ home \_\_\_\_\_  
mobile \_\_\_\_\_

Email: \_\_\_\_\_

Assistant Name: \_\_\_\_\_

Phone: work \_\_\_\_\_ home \_\_\_\_\_  
mobile \_\_\_\_\_

Email: \_\_\_\_\_

Manager Name: \_\_\_\_\_

Phone: work \_\_\_\_\_ home \_\_\_\_\_  
mobile \_\_\_\_\_

Email: \_\_\_\_\_

PLEASE MAKE A COPY OF THIS FORM FOR EACH TEAM THAT YOU ENTER

Return this form to the appropriate tournament representative for your team's level.

## PERMISSION FORM

The \_\_\_\_\_ hockey team has permission to play a hockey game in the 2024 Spirit of Duluth hockey tournament before 6:00 p.m. on Friday, December 6, 2024.

Signed: \_\_\_\_\_

Name (printed): \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**THIS FORM MUST BE SIGNED AND RETURNED BEFORE YOUR TEAM CAN BE ACCEPTED FOR THE 2024 SPIRIT OF DULUTH HOCKEY TOURNAMENT.**