



TOURNAMENT: _____

Level: _____

Hockey Association: _____

Team Name: _____

Team Colors: _____

Contact/Manager: _____

Address: _____

Phone: _____ E-mail _____

Coach: _____

Address: _____

Phone: _____ E-mail _____

REGISTRATION FEE: \$800 (Checks made payable to WYHA)

Please send this registration form and a check for the registration fee to:

Warroad Youth Hockey Association

Attn: Robin Marvin

P.O. Box 904

Warroad, MN 56763

Any questions please feel free to call 218-452-0185 or email Rmarvin05@gmail.com

(Please be sure to use a separate registration form per tournament and/or team.)