

SPARTA YOUTH HOCKEY ASSOCIATION  
TOURNAMENT REGISTRATION FORM

Association: \_\_\_\_\_

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

Team Colors: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

(Please circle)

Level	Division			
Mite	1M	2M	3M	4M
Squirt	1S	2S	3S	4S
Pee Wee	1P	2P	3P	4P
Bantam	1B	2B	3B	4B
Midget	1D	2D	3D	4D

Team Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

**Tournament Fees:**  
**Mites/ Squirts \$500**  
**Pee Wee / Bantam \$525**  
**Midgets \$550**

**Send completed form with payment to**  
**Sparta Youth Hockey**  
**PO Box 331**  
**Sparta, WI 54656**