Sparta Youth Hockey Tournament Registration

Tournament Level:_____
Tournament Title or Date:_____

Team Name & Association:_____
Team Colors:_____
Head Coach:_____
Assistant Coach(es):_____
Team Rep./Contact:_____
Phone:_____**E-mail:**_____

Jersey # H/A	Player Name	Position

RETURN TO:
SYHA
P.O. Box 331
Sparta, WI 54656

Checks payable to SYHA

more info at:
www.spartayouthhockey.net