

SASKATCHEWAN HOCKEY ASSOCIATION
#2 – 575 PARK STREET REGINA, SK S4N 5B2
REGINA, SK S4N 5B2
PHONE: (306) 789-5101 FAX: 789-6112

Application to Form a “Carded” Tournament Team

- *Cannot apply until January 10th*
- *SHA Tournament Team Registration Forms will be faxed to Team Contact upon receipt of Application Form and must be returned via fax by February 10th.*

Name of the Team: _____

Name of Team Contact: _____

Phone: _____

Fax: _____

E-mail Address: _____

Address: _____

Minor Ass. Granting Permission to Register the Team: _____

Signature of Minor Hockey Association President: _____

Printed Name of Minor Hockey President: _____

Payment of \$75.00

PAYMENT TYPE

Please attach cheque and mail to office or provide credit card information and fax or mail to office.

Please Circle Type of Card: Visa MasterCard American Express

Credit Card Number _ _ _ _ - _ _ _ _ - _ _ _ _ - _ _ _ _ Expiry Date _ _ / _ _

****Please note that credit card receipts are issued to, and mailed monthly to the Minor Association hosting this tournament. For information regarding obtaining a credit card in your Association’s name please contact the SHA Office**

FOR OFFICE USE ONLY:

Date Application Received: _____

Date Cards Sent: _____

Date Cards Received: _____