



WAHA HOCKEY

INVITATIONAL TOURNAMENT APPLICATION

(PLEASE TYPE OR PRINT CLEARLY)

Please read USA Hockey Rules and Regulations, Article X "Games, Exhibition Games, Invitational Tournaments and Sanctioned Events" and any applicable Affiliate rules before completing this form. All tournament promoters and/or organizers that are NOT USA Hockey-approved member programs, are required to provide proof of liability insurance evidencing \$2,000,000/occurrence and \$4,000,000/aggregate prior to an approved sanction being issued. **Sanctioning of a tournament does not provide insurance for a non-member promoter and/or organizer.**

Tournament Title: _____

Dates: _____

Sponsoring Organization: _____

Tournament Director Name: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Location: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Check All That Apply:

- | | | |
|--------------------------------------|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Adult | <input type="checkbox"/> Midget 18U | <input type="checkbox"/> Women |
| <input type="checkbox"/> College | <input type="checkbox"/> Midget 16U | <input type="checkbox"/> Girls 19U |
| <input type="checkbox"/> Junior | <input type="checkbox"/> Bantam 14U | <input type="checkbox"/> Girls 16U |
| <input type="checkbox"/> High School | <input type="checkbox"/> Pee Wee 12U | <input type="checkbox"/> Girls 14U |
| <input type="checkbox"/> Sled | <input type="checkbox"/> Squirt 10U | <input type="checkbox"/> Girls 12U |
| <input type="checkbox"/> Disabled | <input type="checkbox"/> Mite 8U | <input type="checkbox"/> Girls 10U |
| | | <input type="checkbox"/> Girls 8U |

Each tournament is required to verify that **all** participating teams are properly registered with USA Hockey or their country's federation.

A USA Hockey **Official Team Registration/Roster Form (1-T)** approved by the district or associate registrar shall be proof of proper registration and individual player age. Invitational tournaments shall not require player birth certificates for review.

Travel Permits are required for any team from an affiliate requiring Travel Permits, and are required for **all Canadian teams**. An **International Competition Travel Form** is required for all other foreign teams.

Check One:

USA Hockey member teams only **Fee** \$250.00*

Canadian or other foreign teams \$300.00*

(International Travel Permit required for teams from outside North America)

*Fee payable to WAHA.

Indemnification Agreement

The Sponsoring Organization, shall indemnify and hold Wisconsin Amateur Hockey Association (WAHA) and each member thereof, the Executive Committee of WAHA, and each member thereof, committees of WAHA and each member thereof, and all other elected, appointed, employed or volunteer representatives of WAHA harmless from any and all claims, liability, damages, judgments, costs, attorneys' fees, charges and expenses whatsoever, arising from the acts and omissions of the Sponsoring Organization or from the decision of WAHA to sanction any tournament of the Sponsoring Organization. Further, the Sponsoring Organization understands and acknowledges that WAHA and its aforescribed representatives have assumed any sanctions of tournaments sponsored by the Sponsoring Organization upon the express understanding, agreement and condition that they be so indemnified and held harmless to the extent described in this Agreement. WAHA shall reasonably cooperate with the Sponsoring Organization in any litigation and provide reasonable support in connection therewith, including but not limited to advice and testimony upon reasonable request; provided, however, that such cooperation shall not require WAHA to incur any out-of-pocket expense not reimbursed by the Sponsoring Organization.

SIGNATURE

Sponsoring Organization Representative

Phone: _____

Some tournaments may be considered as "Special Events" and may require an additional fee.

WAHA HOCKEY USE ONLY

<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
Date: _____
Signature: _____ WAHA Registrar or his/her designee
Phone: _____

THIS APPLICATION WILL NOT BE ACCEPTED WITHOUT ALL RULES AND PROCEDURES OF THE TOURNAMENT AND AN APPROPRIATE CERTIFICATE OF INSURANCE FROM NON-USA HOCKEY MEMBERS.

Send completed form and rules to your Region Registrar.

Pay [HERE](#)