Mite Mania 2010

All applications and tournament fees ($675) must be submitted by December 30th.
Applications will not be considered complete until rosters and payment are submitted.

Team Name:		**Team Manager:**	
Phone Number:		**E-mail Address:**	

Division: **Mite B Travel** ☐ **Mite C Travel** ☐

Team is chosen by: **Draft (no cuts)** ☐ **Try Outs** ☐

Current 2009-10 Record: **Wins** ☐ **Losses** ☐ **Ties** ☐

FIRST NAME	LAST NAME	DOB	USA Hockey Reg. #	JERSEY #	POSITION
Coaches:					
		N/A		N/A	
		N/A		N/A	
		N/A		N/A	
		N/A		N/A	
Players:					

Please make checks out to Elmira Youth Hockey and mail to:

Elmira Youth Hockey **c/o Michelle Sullivan** **1251 West First St.** **Elmira, NY 14905**