

THIEF RIVER FALLS AMATEUR HOCKEY ASSOCIATION
TOURNAMENT REGISTRATION 2008-2009

Tournament: _____

Dates: _____

Hockey Association: _____

Team Name: _____

Team Colors: _____

Contact Person: _____

Address: _____

Phone #: _____ E-mail: _____

Fax #: _____

Head coach: _____

Address: _____

Phone #: _____ E-mail _____

Registration fee: _____ Please make check payable to:
TRFAHA

Bant, PW, Girls 12U - \$500.00
Squirts, 10U - \$400.00

Please send this form and a check for the total amount due to:
Thief River Falls Amateur Hockey Association
Attn: Rick Nordhagen
P O BOX 6
Thief River Falls, MN 56701

Tournament contact: Rick Nordhagen (218) 689-8560
(218) 683-7116 – fax
E-Mail: rick@trfaha.org