



USA HOCKEY

ROCKY MOUNTAIN DISTRICT

INVITATIONAL TOURNAMENT APPLICATION

Tournament # _____

IMPORTANT: Please read USA Hockey Rules and Regulations, Article VIII "Games, Exhibition Games, Invitational Tournaments and Sanctioned Events" and any applicable Affiliate rules before completing this form. This sanctioned Invitational Tournament is expected to be conducted in compliance with local, state and federal health guidelines and regulations in force at the time and location of the tournament. All tournament promoters and/or organizers that are NOT USA Hockey-approved member programs, are required to provide proof of liability insurance evidencing \$1,000,000/occurrence and \$2,000,000/aggregate prior to an approved sanction being issued. Sanctioning of a tournament does not provide insurance for a non-member promoter and/or organizer. All tournament promoters and/or organizers agree that they are responsible for following and shall follow the USA Hockey Sanctioned Tournament Safe Sport Program Protocol, online at usahockey.com/resourcesanddownloads, in operation of the sanctioned tournament.

Tournament Title: _____

Dates: _____ Sponsoring Organization: _____

Tournament Website (if available): _____

Tournament Director Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____ Email: _____

Location: _____ Phone: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Will medical staff be on-site during this sanctioned event? ☐ Yes ☐ No

CHECK ALL THAT APPLY:

- | | | |
|--------------------------------------|---|--|
| <input type="checkbox"/> Adult | <input type="checkbox"/> 18U | <input type="checkbox"/> Women |
| <input type="checkbox"/> College | <input type="checkbox"/> 16U | <input type="checkbox"/> Girls 19U |
| <input type="checkbox"/> Junior | <input type="checkbox"/> 15O Tier I | <input type="checkbox"/> Girls 16U |
| <input type="checkbox"/> High School | <input type="checkbox"/> 14U | <input type="checkbox"/> Girls 14U |
| <input type="checkbox"/> Sled | <input type="checkbox"/> 13O Tier I | <input type="checkbox"/> Girls 12U |
| <input type="checkbox"/> Disabled | <input type="checkbox"/> 12U | <input type="checkbox"/> Girls 10U |
| | <input type="checkbox"/> 10U | <input type="checkbox"/> Girls 8U |
| | <input type="checkbox"/> 8U (Full-ice Waiver) | <input type="checkbox"/> Girls 8U (Half/Cross-ice) |
| | <input type="checkbox"/> 8U (Half/Cross-ice) | |

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 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. All Canadian Teams must have an approved travel permit from Hockey Canada or their member branch. An approved International Competition Travel form is required for all other foreign teams.

***USA Hockey Fee**

****Affiliate Fee**

- ☐ USA Hockey Sanction Fee (check payable to USA Hockey) \$250.00
(International Travel Permit, Application for International Competition and fees are required for teams from outside North America in addition to the Invitational Tournament Application)

- ☐ Rocky Mountain District Fee (check payable to RMD) \$50.00 _____

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

AFFILIATE USE ONLY – IF REQUIRED

- ☐ Approved ☐ Not Approved

Date: _____

Signature: _____

Title: _____

Affiliate: _____

Phone: _____

USA HOCKEY USE ONLY

- ☐ Approved ☐ Not Approved

Date: _____

Signature: _____

USA Hockey District Registrar or his/her designee

USA Hockey District: _____

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.

Process application, payment, rules and certificate of insurance (if non-member) to your State's Associate Registrar.