



2010 Minneapolis Washburn “Wings of Spring” Hockey Tournament

Thank you for your interest in the 23rd Annual Minneapolis Washburn “Wings of Spring” hockey tournament. This tournament promises to provide an exciting finale to the 2009-2010 hockey season.

Wings of Spring will be held on March 12-14, 2010 at the beautiful Parade Ice Gardens. With two rinks, Parade Ice Gardens is conveniently located near downtown Minneapolis, within walking distance of the Walker Art Center and Minneapolis Sculpture Garden. Both arenas are temperature controlled for a comfortable hockey experience for players and fans.

We are looking for Squirt A, Squirt B, Peewee A and Peewee B teams to compete in 8-team bracket tournaments. Trophies will be awarded for First, Second, Third and Consolation Champion teams. Depending on the final ice availability, we may restrict some tournaments to 6-team pool-play tournaments awarding trophies for First, Second and Third place teams. If the last few years are any indication, the competition will feature teams from a wide geographic area. Wings of Spring is a USA Hockey sanctioned event. All USA Hockey and Minnesota Hockey rules of play and conduct will be strictly observed.

The tournament entry fee is \$525. Checks should be made out to “WAHA.” Only tournament entries with entry fee payments will be accepted. There will be no refunds made after February 15, 2010.

Wings of Spring is the primary fundraising event for the Washburn Amateur Hockey Association. In lieu of an arena admission fee, a “gate fee” equal to the amount of \$20 per player listed on each teams official USA Hockey Roster will be collected from each team prior to the tournament, or upon team check-in at the tournament. Associations that send 4 or more teams to Wings of Spring will receive a reduced gate fee of \$15 per rostered player on each team.

Please complete and return this form, with your entry fee payment, to guarantee your spot. All mailings and request for information should be sent to:

Paul Larson
5315 Knox Ave S
Minneapolis, MN 55419
pol Larson@aol.com
612-928-9137

Please Circle your level of play: Peewee A Peewee B Squirt A Squirt B

Please indicate your level of play in the state in which you play: _____

Team Name: _____

Primary Contact Person: _____

Address: _____ **City:** _____ **ST:** _____ **Zip:** _____

Email Address: _____ **Daytime Phone:** _____

Evening Phone: _____ **Cell Phone:** _____