24th Annual Terry Casey Memorial Cup

The Terry Casey Memorial Tournament is considered one of the top tournaments in the Northwest and Canada. Once again this year we will host an "A" and "AA" division. This year, as in previous years, Casey Cup teams will be accepted on a first come, first serve basis.

TOURNAMENT DATES: Friday, February 15, 2013 thru Sunday, February 17, 2013. Due to the number of teams in attendance, the tournament will run all day Friday, Saturday and Sunday.

LOCATION: Great Falls Community Ice Plex, 4000 41st Ave NE Great Falls, MT

ENTRY FEE: $1,200 (US funds) – Checks made payable to GFAHA-Casey Cup. This fee includes a $100 performance bond/locker room damage deposit that will be refunded if the team has not violated the locker room policy or the tournament fighting policy. Mail registration form with fee enclosed to:

GFAHA – Casey Cup
PO Box 507
Great Falls, MT 59403

DEADLINE: Tournament roster and entry fee MUST be received no later than Friday, January 4, 2013.

TOURNAMENT FORMAT: "A" and "AA" divisions

3 game guarantee for each team. Three 17 minute stop time periods with an ice make every two periods.

1st place team in both "A" and "AA" brackets receives tournament jackets

1st and 2nd place plaques

A & AA MVP selected by tournament committee. 6 additional championship all-star awards (two from the first and second place teams, one each from the third and fourth place finishers selected by the team's coach.)

LUNCHEON: FREE lunch on Saturday, February 16 for all players, coaches, managers, and fans.

ACCOMMODATIONS:
Heritage Inn – 1700 Fox Farm Rd (406) 761-1900

Hampton Inn – 2301 14th Street SW (406) 453-2675

Holiday Inn Express – 1625 Market Place Dr (406) 453-4000

Crystal Inn – 3701 31st Street SW (406) 727-7788

TEAM REGISTRATION FORM

Team Name: _____

Team Colors: HOME _____ AWAY _____

Minor/Youth Hockey Organization:

_____

_____

League Name: _____

League Record: _____ Season Record: _____

Wish to enter **A** or **AA** division in the Casey Cup (**Circle One**)

Current Level of Play: (**Circle One**)

USA: AA A HIGH SCHOOL OTHER:_____

CANADIAN: A-1 A-2 A-3 A-4 A-5 A-6 A-7 OTHER: _____

Team Contact/Manager:

Name: _____

Address: _____

Home Phone#: _____

Cell and/or Work Phone#: _____

Fax#: _____

E-mail Address: _____

League Website Address:
(to verify level of play and team record for placement in this tournament) _____

Please send your entry fee in **US Funds** to:

GFAHA
c/o Danielle Funseth

PO Box 507

Great Falls, Montana 59403

Make checks payable to GFAHA-Casey Cup

Teams will be accepted and their spot guaranteed only after funds are received and an **official signed/stamped USA Hockey or CAHL roster has been submitted.

TEAM ROSTER

#	Player Name	Date of Birth	Position
	Head Coach:		
	Assistant Coach:		
	Assistant Coach:		
	Team Manager:		