

SUMMERLAND MINOR HOCKEY ASSOCIATION TOURNAMENT REGISTRATION FORM

Division: _____ **Tournament Date:** _____

Home Association: _____

Team Name: _____

Team Uniform Colors: _____

Team Manager: _____

Address: _____

E-mail _____ **Telephone:** _____ **Fax:** _____

Team Coach: _____

Address: _____

E-mail _____ **Telephone:** _____ **Fax:** _____

Please list ALL participating players, coaches and managers on the **Team Roster Pager**. This registration form must be returned with a cheque(No post dated cheques will be accepted) or money order made out to **Summerland Minor Hockey association**. Please mail cheque or money order to:

Summerland Minor Hockey association
Box 1548
Summerland, BC V0H1Z0

By signing this registration form, Summerland Minor Hockey Association and all officials associated with the tournament are released from any liability for any injury or accident which may be incurred by a player or team official while travelling to or from the tournament. By signing this registration form the team manager and coach also declare the team being registered is a regularly structured team in their association and not made up of select players.

All players playing for any team in any sanctioned tournament must be properly registered with that team in accordance with the regulations of Hockey Canada, the BCAHA, District associations and local association, league or team, as applicable.

Team Manager: _____ Signature: _____ Date: _____

Team Coach: _____ Signature: _____ Date: _____

Cheque Amount: _____