



## WILLIAMS LAKE MINOR HOCKEY ASSOCIATION

### TOURNAMENT REGISTRATION FORM

PO BOX 4136 WILLIAMS LAKE BC V2G 2V2

OFFICE PHONE: 250-392-2211 OFFIC FAX 250-392-2261

Tournament\_\_\_\_\_ Rep\_\_\_\_\_ House\_\_\_\_\_

\*\*\*\*PLEASE PRINT IN BLOCK LETTERS\*\*\*\*

Team Name\_\_\_\_\_

Uniform Colours\_\_\_\_\_ and/or\_\_\_\_\_

Registered with Hockey Canada? \_\_\_\_\_ (Y/N)

Branch\_\_\_\_\_

Team Manager\_\_\_\_\_

Fax\_\_\_\_\_ Phone\_\_\_\_\_

E-Mail\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_ Postal Code\_\_\_\_\_

MANAGER: **Please submit your Hockey Canada Roster(HCR) roster.** Any additions or changes to the roster must be made prior (at least one week) to tournament date.

**Overage players or player movement down (i.e. Peewee to Atom) must be approved by WLMHA. If tournament officials are not informed of roster changes prior to tournament date, the player may be deemed ineligible.**

Selections will be made from registration forms received with cheques attached (no post-dated cheques please). **Please make all cheques payable to Williams Lake Minor Hockey.**

***Teams withdrawing one month or less from tournament date will be reimbursed only if a paid-in-full team is found as a replacement.***

By signing this registration form, the Team Manager and Coach release the Williams Lake Minor Hockey Association and all officials associated with the tournament from any liability for any injury or accident which may be incurred by any players or team official while traveling to or from the tournament.

Signature of Team Manager\_\_\_\_\_ Date\_\_\_\_\_