

TRF ADJUSTMENT FORM

NOTE: This process is not intended to build a team's calibre but to maintain a minimum team's roster size

And to avoid any last minute cancellations that may result in expenses to the Host or team.



Tournament	Host Associatio	n:		Event Date:	Event Date:				
Team Inform	ation: Associa	ntion:							
Team Name:						Head Coach:			
		<u> </u>							
Age Group:	U7 🗆 U8 🗆	U9 🗆	U10 🗆	U12 🗆	U14 🗆	U16 🗆 U19	□ 18+ □	35+ □	
Level:	AA 🗆 A 🗆	ВВ □	В	сс 🗆	с□	Dev ☐ U12 Prov	□ U12 Reg □		
Goalie Substitut	tion: YES								
Name of Player Name of P			of Plaver	ORA#of	Team Name	ORA Team Number	Age Group/Level of	Specify Game Numbers	
Not Participating		Substituting		Player	of Player	of Player	Player Substituting	or ALL Player	
Last Name	First Name	Last Name	First Name	Substituting	Substituting	Substituting		Substituting In	
Substitution Rule	s from ORA Opera	ting Manual. G&	T Section for U19	and below and 1	8+A/A Jacks and Adu	ult Section for 18+/35+.			
							d below and by your Reg	ional ADP Coordinator for	
			• • •				or during the tournamen		
U19 and Below and 18+A/ AA Registered Players:					18+ registered	18+ registered players (BB/B/CC/C/Dev):			
U19A Registered players may substitute in only one (1) tournament per season.						Players may substitute in two (2) tournaments per season.			
18+A/AA registered players may substitute in two (2) tournaments per						Up to four (4) substitute skaters per game in a tournament			
season. (Goalies exempt for all).					All players may	All players may only play for one (1) team in same tournament.			
Up to four (4) substitute players in total per tournament Can chose either/or:					25± Pagistared	35+ Registered Teams:			
- Same age division or lower, same calibre or less – no lateral substitutions for AA					_	Can have substitutions to a maximum of 13 skaters			
ranking games									
= =					Must choose f	Must choose from the appropriate age, same caliber or lower			
	titute must replace a				1				
	maximum of 12 ska								
The team roster c	annot increase in siz	e due to substitute	es, except for 35+ ro	egistered teams					
Approved By (Print Name)			Position		Signatu	Signature			
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Date Form Received			Date Approved			Signature of Coac	Signature of Coach Requesting		

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