



**CLAIRMONT SABRES
NOVICE TOURNAMENT
FEBRUARY 6 & 7, 2017
CROSSLINK COUNTY SPORTSPLEX
CLAIRMONT, ALBERTA**

TO REGISTER OR FOR MORE INFORMATION PLEASE CONTACT:

**Crystal Furlong
780-897-4619
novice@clairmonthockey.com**



CLAIRMONT MINOR HOCKEY CLUB

BOX 490, CLAIRMONT, AB, T0H 0W0

www.clairmonthockey.com

CLAIRMONT NOVICE TOURNAMENT REGISTRATION FORM

FEBRUARY 6 & 7, 2017@ CROSSLINK COUNTY SPORTSPLEX

ENTRY FEE IS \$500 PER TEAM

EACH TEAM WILL BE PLAYING 4 GAMES

Association: _____

Team Name: _____

Address: _____

Main Contact: _____ Phone Number: _____

Email Address: _____ Number of Players: _____

Please complete forms and return as soon as possible along with payment to secure your spot.

PLEASE be sure to include your team roster complete with all player information, coaching staff etc.

Make cheques payable to: Clairmont Minor Hockey

Registration Deadline: December 31, 2016



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FOIP FORM

I _____ give
“Clairmont Minor Hockey Club” permission to use any names and/or
images of children and/or team names accordingly. These may be used in
printed or digital media forums such as newspapers, websites, social
media sites etc.

Signed: _____

Team Name: _____

Witness: _____

Date: _____