

**FORT ST. JOHN MINOR HOCKEY ASSOCIATION TOURNAMENT APPLICATION**

Tournament Date: \_\_\_\_\_ Division: \_\_\_\_\_

Tournament Entry Fee: \_\_\_\_\_ Paid: \_\_\_\_\_

Date Entry Form Received: \_\_\_\_\_

Please complete this application with a copy of HCR roster and return it, along with your cheque to:

Fort St. John Minor Hockey Association  
Attention Tournament Coordinator  
Box 6356  
Fort St. John, BC  
V1J 4H8  
Phone: (250) 787-7133 Fax: (250) 787-7134

Association Name: \_\_\_\_\_

Association Address: \_\_\_\_\_

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

Team colours: 1<sup>st</sup> set: \_\_\_\_\_ 2<sup>nd</sup> set: \_\_\_\_\_

Coach: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell : \_\_\_\_\_ e-mail: \_\_\_\_\_

Fax #: \_\_\_\_\_

Other Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ e-mail: \_\_\_\_\_

Fax #: \_\_\_\_\_

**ENTRIES ACCEPTED ON A FIRST COME FIRST SERVE BASIS**

\*All tournament applications must be accompanied by payment in full no later than 4 weeks prior to tournament date.  
Cheques must be made payable to FSJ Minor Hockey ( no post dated cheques )  
Funds will be returned if your team is not accepted into the tournament.

**REFUNDS WILL NOT BE ISSUED FOR CANCELLATION WITHIN THREE WEEKS OF TOURNAMENT**

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NAME	POSITION	SIGNATURE	DATE
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