



WILLIAMS LAKE MINOR HOCKEY ASSOCIATION
TOURNAMENT REGISTRATION FORM
PO BOX 4136 WILLIAMS LAKE BC V2G 2V2
OFFICE PHONE: 250-392-2211 OFFICE 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 postdated 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 _____