



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 by first paid, first registered into tournament. The maximum of same City teams will be two and will be at the discretion of the Division/Tournament Coordinator. Registration forms should be accompanied by check or payment can be made by e-transfer. Please make cheques payable to Williams Lake Minor Hockey. E-transfers can be sent to wlmha@telus.net, with a follow up e-mail.

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 _____