

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.



Tournamen	it Host Asso	ociatioi	n: 			Event Date:					
Team Infor	mation: A	Associa	tion:								
	7	Team N	lame:				Head	Coach:			
	_	_	_	_	_	_	_		_	_	
Age Group:		U8 🗆	U9 🗆	U10 🗆	U12 🗆	U14 🗆	U16 🗆	0 2 3	□ 18+ □	35+ □	
Level:	AA \square	A 🗆	A Jacks 🔲	ВВ 🗌	в 🗆	сс 🗆	с□	Dev	☐ U12 Prov ☐ U	J12 Reg □	
Goalie Substit	tution:	YES □									
Name of Player Name of P			of Player	ORA # of	Team Name	Team Name ORA Team Number Ag			Specify Game Numbers		
Not Participating			Substituting		Player	of Player	Player of Player		Player Substituting	or ALL Player	
Last Name	First Name		Last Name First Name		Substituting	Substituting	Subs	stituting		Substituting In	
APPROVALS: All substitutions for players in games must be approved by your Regiona 18+BB and below prior to the tournament beginning or must be approved by the Host U19 and Below and 18+A/ A Jacks Registered Players: U19A Registered players may substitute in only 1 tournament per season. 18+A/A Jacks registered players may substitute in 2 tournaments per season. (Goalies exempt for all). Up to four (4) substitute players in total per tournament Can chose either/or: - Same age division or lower, same calibre or less – no lateral substitutions for AA ranking games - One calibre higher only, one age division lower						18+ registere Players may s Up to four (4 All players may 35+ Registere Can have sub	Regional G&T Coordinator (DI 184A, 019AA and below and by your Regional ADF Coordinator (DI 184A). 18+ registered players (BB/B/CC/C/Dev): Players may substitute in two (2) tournaments per season. Up to four (4) substitute skaters per game in a tournament All players may only play for one (1) team in same tournament. 35+ Registered Teams: Can have substitutions to a maximum of 13 skaters Must choose from the appropriate age, same caliber or lower				
Substitutions to	o a maximum o	of 12 skat		F 35+ registered tea tes, except for 35+							
Approved By (Print Name)				Position			Signature	2	Cell Phone Number		
Date Form Received				ate Approved		Signature of Coach Requesting					