



**QUESNEL & DISTRICT MINOR HOCKEY  
TOURNAMENT REGISTRATION FORM**

**TOURNAMENT REQUESTED:** \_\_\_\_\_

**DATE OF TOURNAMENT:** \_\_\_\_\_

**TOURNAMENT SANCTION #:** \_\_\_\_\_

\*\*\*\*\*

**YOUR ASSOCIATION:** \_\_\_\_\_

*REP ONLY* ASSOCIATION TIER: please circle 1 2 3 4      TEAM TIER please circle 1 2 3 4

**DIVISIONAL COORDINATOR:** *REC ONLY* \_\_\_\_\_

**PHONE/EMAIL:** \_\_\_\_\_

\*\*\*\*\*

**TEAM NAME:** \_\_\_\_\_

**TEAM COACH:** \_\_\_\_\_

**PHONE/EMAIL:** \_\_\_\_\_

**TEAM MANAGER:** \_\_\_\_\_

**PHONE/EMAIL:** \_\_\_\_\_

**TEAM COLOURS:** \_\_\_\_\_

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**TEAMS THAT ARE ACCEPTED WILL BE NOTIFIED AS THEY ARE ACCEPTED**

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This application does NOT guarantee acceptance into the tournament. Cheques will not be cashed until a team has been accepted. Teams not accepted can request cheques be sent back or destroyed. If teams are unable to attend after acceptance, they must notify the association immediately.

**OUT OF TOWN TEAMS WHO WITHDRAW FROM A TOURNAMENT IN LESS THAN 2 WEEKS, AND QDMHA CANNOT FIND A REPLACEMENT TEAM FOR THEM, WILL BE DENIED THEIR TOURNAMENT FEE REFUND.**

TOURNAMENT APPLICATIONS WITH CHEQUES SHOULD BE SENT TO QDMHA, BOX 4565 QUESNEL, B.C. V2J 3J8

OR E-TRANSFER IS ALSO AVAILABLE: [gdmha@shaw.ca](mailto:gdmha@shaw.ca) code word: Quesnel



**Team Roster**

**Team Name:**

**Coach:**

**Assistant:**

**Assistant:**

**Manager:**

	<b>Player Name</b>	<b>Jersey Number</b>	<b>Position</b>	<b>Birth Year</b>
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
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