

**Vegreville and District Minor Hockey Association**

Atom Tournament Application Form

Tournament Information

Date: December 14 & 15, 2019

HA Sanction # HA-19337698

Location: Vegreville Recreation Centre 4509 48 St

Games: Each team is guaranteed 3 games

Cost: $900

TEAM INFORMATION

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

Home Association:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Team Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

League Your Team Plays In:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How is your league structured and what is your team designated as (ie. A,B,C; Tier 1-6) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your team’s current place in your tier? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many players are registered in your Atom division within your association this season? \_\_\_\_\_\_\_\_\_

How many Tier 3, 4, &5 teams were created in your division? \_\_\_,\_\_\_\_,\_\_\_\_

Please provide the number of first year players \_\_\_\_\_\_\_\_ and second year players \_\_\_\_\_\_\_ on the team

How many team members are goalies \_\_\_\_\_\_\_ are they first or second year players\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please rate each of your goalies on a scale of 1-10\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Record of last 3 games:

|  |  |  |  |
| --- | --- | --- | --- |
| Opponent | Final Score | W or L | Opponents Tier |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Please email this application to mmcniven@mcsnet.ca by Nov 4, 2019.

THIS APPLICATION FORM DOES NOT GUARANTEE YOUR TEAM A SPOT IN OUR TOURNAMENT.

Applications will be reviewed and best matched teams will be contacted by Nov 8 and invited. Upon receiving our invitation, payment is required to be received by us within a week in order to hold your spot. The organizing committee reserves the right to offer a spot to another team should a team fail to send payment on time. Once we have received your cheque, you will be contacted with confirmation of your spot. Please make cheque payable to Vegreville and District Minor Hockey Association and send to Carman Ogrodnick c/o VDMHA Box 1725 Vegreville Alberta, T9C 1S8.