



Tournament Application Form *(Print, Complete and Mail)*

Competitive Level: _____

House League Level: _____

Note: Costs are determined by the Host Team - Please contact the appropriate team for details

Tournament Date(s): _____

Team Name: _____

Level in your Association: _____

Coach Name: _____

Manager Name: _____

Minor Hockey Association Name: _____

Team Jersey Colours: Home _____ Away _____

Team Contact Information

Name: _____

Address: _____

City: _____

Province/State: _____ Postal / Zip Code: _____

Phone (Home): _____

Phone (Work): _____

Fax: _____

E-mail: _____

PRINT, COMPLETE and MAIL this application, along with the team list (and copies of game sheets if requested) and your cheque or money order (CDN\$) to:

Tournament Host's Name and address

Please make cheque payable to:

Tournament Host's Team Name and Address or c/o: **NMHA Hockey Office******
Room 203, 100 Malvern Drive
Nepean, Ontario, Canada K2J2G5

**** Call: 613-866-4495 to alert Tournament Director that the application is in the Hockey Office



I hereby certify that all players and officials, listed above, and ONLY those listed above, are registered with this team.

By signing this application form, the team official, on behalf of the team, releases all members of the Nepean Minor Hockey Association, volunteers, sponsors, the City of Nepean and its employees, and organisers of this tournament from any liability for any theft, injury, damage or accident which may be incurred, by any player, team official or spectator while participating in, or travelling to or from, this tournament.

Signature of Team Official _____

Official's Title _____

Date _____

Signature and Title of Convenor or Executive _____

Convenor or Executive Phone # _____