



Sunshine Coast Minor Hockey Association 2011/2012 Tournament Application Form

On behalf of _____ (Association/Team Name)

I would like to submit an application for acceptance into the tournament selected below. I understand this application and payment does not constitute automatic acceptance into the tournament. Teams will be notified of their status immediately following the receipt of their applications. once accepted, any teams who cancel will forfeit \$300.00 of their entry fee. Teams not accepted by SCMHA will have their full entry fee returned to them. If for any reason the team is unable to attend after acceptance, I will notify the SCMHA tournament director immediately.

In consideration of being accepted to participate in a Sunshine Coast Minor Hockey tournament, related events and activities, the undersigned acknowledges and agrees on behalf of the attending team that Sunshine Coast Minor Hockey Association will not be held responsible for any accident, injury or loss however caused and hereby releases and holds harmless Sunshine Coast Minor Hockey Association, their Officers, Directors, Coaches , Agents and/or employees, other participants, arena officials and owners, sponsors and advertisers with respect to any and all injury, disability of loss to person or property, whether caused by the negligence of the releases or otherwise.

This address will be the exclusive contact between the team and SCMHA tournament.

Print Name	Team Position
Address	City
Province	Postal Code
Fax #	Phone #

Signature _____ Date _____

SVMHA Use Only	
Date Application Received:	Payment:
Accepted: _____ Waitlisted _____ Date notified _____	



Divisions	Dates	Fee	Select
Atom/ PeeWee A	Jan 4-6, 2012	\$900	
PeeWee C*	Feb 3-5, 2012	\$900	
* Pee Wee C has 2 division- checking and non checking please indicate which division you would like to compete in! Checking_____ Non Checking_____			
Atom C	Mar 23-25	\$850	
Bantam C	Mar 16-18	\$950	

Please make checks or money orders payable to Sunshine Coast Minor Hockey Association and mail to:

SCMH Tournaments
 Attn Brenda Rowe
 6479 Norvan Rd
 Sechelt, BC
 V0N 3A7

Info and questions: 604 740 7834
brendainafrika@gmail.com

Please provide the following information:

Association	
Team Name	Manager
Coach	Ass't
Ass't	HCSP
# of players	Jersey colors H A

- Please include a BC Hockey Roster with your application
- PCAHA teams need to provide a permission # _____
- (please email or mail paper copy of permission slip prior to the tournament)
- Please submit a high resolution team photo and logo to brendainafrika@gmail.com

Thank you for your application, we look forward to hosting you!!!!