



**WOOLWICH WILDCAT WEEKEND TOURNAMENT
NOVEMBER 6, 7, & 8 2015
TEAM APPLICATION FORM**

CITY/MUNICIPALITY: _____

MINOR HOCKEY ORGANIZATION: _____

FULL TEAM NAME: _____

MINOR HOCKEY ASSOCIATION: OMHA _____ **ALLIANCE** _____ **OTHER :** _____

LEAGUE ASSOCIATION: (EG..TRI COUNTY, HUB LEAGUE): _____

OMHA CLASSIFICATION: _____ (eg A, BB, in case of AE please indicate AE1, AE2 AE3, AE4 etc)

LEVEL & player birth years: _____ **(please specify if your team is minor or major)**

TEAM COLORS: HOME (BODY/TRIM) _____

AWAY (BODY/TRIM) _____

NAME AND ADDRESS – Please PRINT Clearly

HEAD COACH: _____ **PHONE:** _____

CELL: _____ **EMAIL:** _____

MANAGER: _____ **PHONE:** _____

CELL: _____ **EMAIL:** _____

By signing this form, the team manager, on behalf of his team, releases the sponsors of the above named tournament, its officials, arena management and all involved in the tournament from any liability for any injury or accident which may be incurred by any player or team official while participating in and/or travelling to or from the said tournament and accepts all decisions of the tournament as final.

PLEASE MAKE CHEQUE PAYABLE TO: WOOLWICH WILDCAT WEEKEND TOURNAMENT

****Cost of tournament is \$900 per team – NO POSTDATED CHEQUES WILL BE ACCEPTED****

****no cancellations – unless we can replace your team with another team****

PLEASE MAIL REGISTRATION TO: WMHA, PO Box 204 Elmira, ON N3B 2Z6

INQUIRIES : E-mail: wildcatweekend@woolwichminorhockey.ca Phone: 519-669-2789

DEADLINE: October 1, 2015

COACH'S/MANAGER'S SIGNATURE: _____