



Woolwich Cup Challenge
January 16-17, 2016

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: _____

TEAM COLORS: HOME (BODY/TRIM) _____

AWAY (BODY/TRIM) _____

NAME AND ADDRESS – Please PRINT Clearly

HEAD COACH: _____ PHONE: _____

ADDRESS: _____

CELL: _____ EMAIL: _____

MANAGER: _____ PHONE: _____

ADDRESS: _____

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 Cup Challenge

****Cost of tournament is \$800.00 per team – NO POSTDATED CHEQUES WILL BE ACCEPTED****

(No refund after Dec 11, 2015)

PLEASE MAIL REGISTRATION TO: Jasmine Roth, 4 Green Warbler Cres, Elmira, ON N3B 1A4

INQUIRIES : E-mail: jasmineroth@outlook.com Phone: 519-998-4420

DEADLINE: December 11, 2015

MANAGER'S SIGNATURE: _____