



Surrey Minor Hockey Association

Dear Coach/Manager:

On behalf of Surrey Minor Hockey, we would like to invite your team to apply to participate in the **Surrey Minor Hockey Julie Paskall Memorial "C" Tournament**. The tournament will be held from December 27th – 31st, 2016 in Surrey with schedules to follow at a later time. All Games will be played at the North Surrey Arena, 10275 135 St, Surrey, BC V3T 4C3

The tournament is sanctioned by the BCAHA and will be conducted according to the rules and regulations of the Canadian Hockey Association, BCAHA and Pacific Coast Amateur Hockey Association. Each team will be guaranteed a minimum of four games.

Please find enclosed the tournament Registration Form and Player Roster. Please complete both and forward together with full payment, tournament permission #, and team photo as soon as possible. Please mail or email your registration packages to:

2016 SMHA Julie Paskall "C"
Tournament Committee
14162 109 Ave
Surrey, B.C. V3R 1X8

Deadline for submission of registrations and payment is November 1st, 2016. Teams canceling within three weeks of the tournament date may be subject to a forfeit of their entry fee. If for any reason, your team is unable to attend after acceptance, the team must notify the Surrey Minor Hockey Tournament Director immediately. Notification of acceptance will be done via email to the contact given on the registration form. Teams selected to attend the tournament will be notified no later than November 15th, 2016.

If you require hotel accommodations, I have a list of recommended hotels and can forward them to you.

We look forward to hearing from you soon.

Courtney Hertz: tournament@surreyminorchockey.com
Tournament Director
Julie Paskall Memorial Tournament



SURREY MINOR HOCKEY JULIE PASKALL MEMORIAL REGISTRATION FORM

Dates: December 27th – 31st, 2016

Entry Fee: ALL DIVISIONS: \$1200.00 (CDN)
INTERNATIONAL: \$1200.00 (CDN)

Team Name: _____ Division (Indicate Specific Division): _____

Association Name: _____

Team Colour (Home/Away): _____
(Main Colour / Trim)

Team Contact:

Coach: _____	Phone #: _____
Address: _____	Work #: _____
City/Prov: _____	Fax #: _____
E-mail Address: _____	Postal Code: _____
Manager: _____	Phone #: _____
Address: _____	Work #: _____
City/Prov: _____	Fax #: _____
E-mail Address: _____	Postal Code: _____

Tournament Permission #: _____
(Can be forwarded at a later date but must be received before first game of the tournament)

Team Photo can be emailed in jpeg format by December 1st, 2016.

Deadline: Registration Form and Player Roster deadline is November 1st, 2016.

A Cheque **MUST** accompany the Registration Form and be made payable to:
"SMHA Julie Paskall Memorial Tournament"

Mail to: SMHA Julie Paskall Tournament Committee
14162 109 Ave, Surrey BC V3R 1X8
tournament@surreyminorhockey.com

Teams canceling within three weeks of the tournament date may be subject to a forfeit of the entry fee. Final acceptance of teams applying for Surrey Minor Hockey Association Tournament cannot be considered until Surrey Minor Hockey Association has received a completed application, roster and payment.

A tournament permission number is necessary. The permission number must be presented no later than your 1st game. If your team is not a Pacific Coast Member then a letter from your Association will be required.

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

Signature: _____ Date: _____

Surrey MHA Use Only	Date Application: _____
	Accepted: _____ Not Accepted: _____ Waiting List: _____
	Payment Amount: _____ Cheque # Received: _____ Date Cashed/Returned: _____



**SURREY MINOR HOCKEY JULIE PASKALL MEMORIAL 'C'
PLAYER ROSTER**

Team Name: _____ Association Name: _____

Coach: _____ Phone #: _____ Fax #: _____

Mailing Address: _____

City/Prov: _____ Postal Code: _____

Manager: _____ Phone #: _____

Team Colour: (Home): _____ (Away): _____

Player #	Player's Name	Position	T-Shirt Size	DOB dd/mm/yy
	Coach/Asst Coaches/Mgr/HCSP			
1				
2				
3				
4				

Signature of Team Mgr or Coach _____ Date: _____



SURREY MINOR HOCKEY JULIE PASKALL TOURNAMENT CHECK LIST

Check List for Completed Application:

- Completed Application Form
- Completed HCR Roster Form with Affiliate Players
- Tournament Fees in Cheque or Money Order (Canadian Funds)
(post dated November 1, 2016)
- 5x7 Team Photo (can be sent at later date, in jpeg format only via email)
- Tournament Permission # (or Association letter)
- List of T-Shirt Sizes for players/coaches