



**QUESNEL & DISTRICT MINOR HOCKEY
TOURNAMENT REGISTRATION FORM**

TOURNAMENT REQUESTED: _____

DATE OF TOURNAMENT: _____

TOURNAMENT SANCTION #: _____

YOUR ASSOCIATION: _____

REP ONLY ASSOCIATION TIER: please circle 1 2 3 4 TEAM TIER please circle 1 2 3 4

DIVISIONAL COORDINATOR: *REC ONLY* _____

PHONE/EMAIL: _____

TEAM NAME: _____

TEAM COACH: _____

PHONE/EMAIL: _____

TEAM MANAGER: _____

PHONE/EMAIL: _____

TEAM COLOURS: _____

TEAMS THAT ARE ACCEPTED WILL BE NOTIFIED AS THEY ARE ACCEPTED

This application does NOT guarantee acceptance into the tournament. Cheques will not be cashed until a team has been accepted. Teams not accepted can request cheques be sent back or destroyed. If teams are unable to attend after acceptance, they must notify the association immediately.

OUT OF TOWN TEAMS WHO WITHDRAW FROM A TOURNAMENT IN LESS THAN 2 WEEKS, AND QDMHA CANNOT FIND A REPLACEMENT TEAM FOR THEM, WILL BE DENIED THEIR TOURNAMENT FEE REFUND.

TOURNAMENT APPLICATIONS WITH CHEQUES SHOULD BE SENT TO QDMHA, BOX 4565 QUESNEL, B.C. V2J 3J8
OR E-TRANSFER IS ALSO AVAILABLE: qdmha@shaw.ca code word: Quesnel



**QUESNEL AND DISTRICT MINOR
HOCKEY ASSOCIATION**

P.O. Box 4565

330 Vaughan St

Quesnel, B.C. V2J 3J8

PHONE: (250) 992-2119

E-mail: qdmha@shaw.ca

Website: www.qdmha.com

Team Roster

Team Name:

Coach:

Assistant:

Safety:

Manager:

| | Player Name | Jersey Number | Position | Birth Year |
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