

**HOCKEY FIGHTS CANCER HOCKEY TOURNAMENT**

**TEAM ENTRY FORM APPLICATION**

**2<sup>nd</sup> ANNUAL HOCKEY FIGHTS HOCKEY TOURNAMENT**

**May 28<sup>th</sup> to 30<sup>th</sup> 2010**

**AT THE CARLETON U ICE HOUSE**

**Tournament Cost: \$750.00 per team**

A non-refundable deposit in the amount of \$250.00 is required with Application forms to hold your spot in the tournament, Full Amount due by April 1<sup>st</sup>. Post dated cheques could be an option if required.

Please make cheques payable Hockey Fights Cancer Hockey, Hockey Tournament. Please send cheques to 2714 Page Road, Ottawa Ontario K1W 1G1. Any questions, please contact Catherine Tremblay at 613-841-8744 or via e-mail at [Catherine@ottawahomesales.com](mailto:Catherine@ottawahomesales.com).

Applicant Name:	
Applicant Signature:	
Date:	
Team Name:	
Phone/Fax Numbers	Fax:
E-Mail Address:	
Jersey Colors:	
Current Level of Play:	

Please check which division

**Men's Divisions**

- Rec (no players on any team in this division can be under 30, no exceptions other than goalies)
- Open (this division is for competitive players or teams looking for a challenge)

**Women's Divisions**

- Rec (all players must be house league level, I reserve the right to bump you up should your team be in the wrong division)
- Open (this division is for competitive players or teams looking for a challenge)

Does your team play regularly (please circle):    YES    NO

If yes, where and what division: \_\_\_\_\_

**TEAM NAME:** \_\_\_\_\_

- Your team should consist of a minimum of 11 players including your goalie. If you think you will need spares please list them for insurance purposes. Thank you

NAME (PLS PRINT)	AGE	LEVEL OF PLAY
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		
9)		
10)		
11)		
12)		
13)		
14)		
15)		
16)		
17)		
18)		