



TEAM TOURNAMENT REGISTRATION FORM

TOURNAMENT DATE	DIVISION
YOUR HOME ASSOCIATION	YOUR TEAM NAME
YOUR TEAM MANAGER	ADDRESS/POSTAL CODE
PHONE	EMAIL – confirmation via email – must provide
YOUR TEAM COACH	ADDRESS/POSTAL CODE
PHONE	EMAIL – confirmation via email – must provide

Please list all participating players, coaches & managers on the **Team Roster & forward with payment/registration.**

We are also accepting Credit Card payments for registration. The complete form must be returned with Visa or MasterCard payment, or cheque payable to WDMHA. Credit Card payments will be processed upon your team entry approval. Registration applications must be received at least two weeks prior to the tournament date.

MAIL TO: TOURNAMENT REGISTRATION – PO BOX 41010 RPO SOUTH LAKE COUNTRY BC V4V 1Z7

VISA Card #	MasterCard #	Card Holder Name	
SIGNATURE x		Amount \$	Expiry Date
			_____/____

By signing this registration form, the team manager and coach releases the Winfield and District Minor Hockey Association and all officials associated with the tournament from any liability for any injury or accident which may be incurred by a player or team official while traveling to, during or traveling from the tournament.

Signing this registration form constitutes acceptance of the conditions and rules of the tournament.

By signing this registration form the team manager and coach also declare that the team being registered is a regularly structured team in their association and not one made up of select players.

This application does not constitute an acceptance into the tournament. Any team who has applied and is not accepted will be refunded their application fee or have their cheque returned immediately. Teams that cancel within two weeks of the tournament date may be subject to forfeiture of their entry fee or a penalty if another team cannot be found as a replacement.

Date _____ Signature of Team Manager _____

Date _____ Signature of Team Coach _____



Winfield & District Minor Hockey Association
Box 41010 RPO South
Lake Country, BC V4V 1Z7

Tournament Team Roster

Team Name & Division:	Home Association:
Team Uniform Home Color:	Team Uniform Away Color:
Coach Name:	Manager Name & Phone #
Trainer Name:	Please complete form & mail with Registration form, to Tournament Registration, address above.

Last Name, First Name	Hockey ID # <small>Assoc. Registrar can provide</small>	Date of Birth Y/M/D	Jersey #
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