2017 SDMHA Minor Olympics Hockey Tournament "REP" TEAM APPLICATION

The Strathroy and District Minor Hockey Association invite you to apply for participation in our 52nd^t Annual Rep & AE Olympics Tournament. Rep teams (Novice to Midget) classified as A, B, BB will play Thursday October 26th to Sunday October 29th. Teams are guaranteed four games in a round robin format. An additional game is possible if the team advances to the playoff round.

The tournament fee, which includes all gate fees, is \$875 (Novice to Pee Wee) and \$975 (Bantam to Midget). Applications will only be considered if accompanied by a cheque or e-transfer.

Please contact Julie Dortmans, Tournament Convenor at tournaments@sdmha.org to confirm availability in tournament prior to forwarding application and payment. Please provide a phone number and e-mail so that you can be contacted regarding availability and acceptance into the tournament.

The round robin games begin on Thursday evening and will conclude on Saturday night. Playoff games will be played on Sunday. All game times given are final (no changes will be made). If your team withdraws from the tournament and a replacement is not found, no refund will be given.

Please return both this application form and your cheque payable to Strathroy and District Minor Hockey Association to the address below and forward your approved OMHA roster and travel permit as soon as it has been finalized. E-Transfer: Please send all e-transfers to the following e-mail address (etransfer@sdmha.org) and use the password (Olympics); Ensure you reference your team's centre and division somewhere in the transfer information. If you have any questions e-mail etransfer@sdmha.org.

Julie Dortmans (519) 619-7019

29496 Seed Rd tournaments@sdmha.org

Strathroy, ON N7G 3H6

Association:			
Team Name:	League:		
Division (Check one): Novice □	Atom □ Pee Wee □	I Bantam □	Midget-Major □ (Body Contact
Bantam and Midget)			
Classification (Check one) A □	В 🗆 ВВ 🗆		
Sweater Colour (Home):	(Away):		
Coach or Manager:	E-mail address:		
Address:	Telephone #:		
City:	Pro	vince:	Postal Code:
Alternate Contact:	E-mail address		

I, the undersigned team official, hereby declare that all of our team players involved in this tournament are signed and carded in accordance with the rules of the hockey governing body in our area. I understand that our team will have to present an approved player and team official roster at the time of team registration before playing in the tournament. I will present all permission forms for tournament participation, duly completed and authorized. Please use ASA for booking your hotel rooms. **WEBSITE** http://www.bookasa.com/ **TOLL FREE**

TELEPHONE 1-888-586-5461 Email team@bookasa.com

Name:	Date: