

MOUNT PEARL MINOR HOCKEY ASSOCIATION

24nd ANNUAL ALL-STAR CHRISTMAS TOURNAMENT

December 27-30, 2016

LEAGUE:	CONTACT PERSON:
TEAM NAME:	DIVISION:
ADDRESS:	POSTAL CODE:
TELEPHONE	
BUS	RES:FAX #
Tournament, M other loss as a assistant coach	and agreed that by accepting this application to the Mount Pearl Minor All Star PMHA / or its sponsors, directors and members assume no legal liability for injuries or esult of participation in or traveling to and from said tournament. All coaches, managers, es, legal representatives or team officials, hereby agree and will abide by all tournament tions as set forth by the tournament committee.
DATE:	SIGNED:
Registration	n Deadline: November 18, 2016
will be a limit of	I/debit or credit must accompany this application in order to secure a spot. There if 6 teams for Atom A, Peewee A, and Bantam A and 7 teams for Atom B, d Bantam B. Please note that if all divisions are full there will be games played ristmas break.
Return to: Email: Telephone: Fax:	Dave Burry administrator@mountpearlblades.com 709-364-5352 709-364-5995
Registration	Fee: Atom A\$800.00
	Atom B, Peewee B & Bantam B\$700.00
	Peewee A,\$950.00

MOUNT PEARL MINOR HOCKEY ASSOCIATION 24nd ANNUAL ALL-STAR TOURNAMENT DECEMBER 27, 2016 – DECEMBER 30, 2016

PLAYER REGISTRATION FORM

MINIMUM OF FIFTEEN (15)	MAXIMUM OF NINETEEN (19) PLAYERS
DIVISION:	TEAM NAME:
	l be filled out and returned as a Word Document as per "Team Registration For Christmas Tournament".
COACH:	TELEPHONE:
ASS'T COACH:	
MANAGER:	TELEPHONE:
TRAINER:	TELEPHONE:
A copy of the team roster (ktmurphy@nl.rogers.com	(Word Document) shall be emailed to Kim Murphy

Team Name: Division: Player names- first name 1st then last name- (alphabetize by last name) and numbers: NAME NO. 4.____ 6._____ 9._____ 11._____ 14._____ 17._____ Head Coach: Assistant Coach: Assistant Coach: Manager: Trainer:

OFFICIAL ROSTER: