



**MISSION MINOR HOCKEY ASSOCIATION  
TOURNAMENT REGISTRATION**

**NOTE: Please remember to enclose your entry fee cheque to ensure your registration.!**

Team Name: \_\_\_\_\_

Minor Hockey Association: \_\_\_\_\_

Team Colours (Home) \_\_\_\_\_  
(Away) \_\_\_\_\_

Division: \_\_\_\_\_

**Manager/Team Contact:** \_\_\_\_\_

Contact Numbers: (Home) \_\_\_\_\_  
(Cell) \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Head Coach:** \_\_\_\_\_

Contact Number: (Home) \_\_\_\_\_  
(Cell) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Tournament Permission # \_\_\_\_\_

**PLEASE SEND REGISTRATION FORM COMPLETE WITH CHEQUE  
AND OFFICIAL HOCKEY CANADA TEAM ROSTER TO:**

**Mission Minor Hockey Association**

**P.O. BOX 3154**

**Mission, BC V2V 4J4**

**Attention: Tournaments**



**MISSION MINOR HOCKEY ASSOCIATION-TOURNAMENT TEAM ROSTER**

Tournament applying for (please circle one) **Hockey 1-4 Atom Peewee Bantam Midget**

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

<b>Players Name</b>	<b>Jersey#</b>	<b>Position</b>	<b>Birthdate (yyyy-mm-dd)</b>
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

11. \_\_\_\_\_

12. \_\_\_\_\_

13. \_\_\_\_\_

14. \_\_\_\_\_

15. \_\_\_\_\_

16. \_\_\_\_\_

- 17. \_\_\_\_\_
- 18. \_\_\_\_\_
- 19. \_\_\_\_\_
- 20. \_\_\_\_\_

We are applying to participate in the Mission Minor Hockey Association Tournament, I agree on behalf of our team and Association, that by signing this entry and waiver form, we agree to the following conditions: 1.) to abide by the BCAHA, PCAHA, and MMHA rules and regulations set forth for the tournament 2.) to release Mission Minor Hockey Association, all its officials and volunteers associated with the tournament, from any liability for injury or accident which may be incurred by any player or team official while attending, or travelling to or from the tournament.

Signature of Team Manager: \_\_\_\_\_ Print Name: \_\_\_\_\_

Signature of Head Coach: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**Fill in all pages completely and forward to:**

**MISSION MINOR HOCKEY ASSOCIATION**  
PO BOX 3154, BC V2V 4J4  
Phone: (604)814-3474 Cell: 778-344-1122  
Tournament Director: Darren Weisbeck  
dweisbeck@me.com

**Please note that registration does not guarantee acceptance. You will be notified of acceptance by email. If for any reason your team is unable to attend after acceptance, you will need to notify the appropriate tournament contact immediately. Teams cancelling within 14 days of the tournament date will be subject to a \$500 fee unless we can replace your team at the last minute.**