



St. Marys Minor Hockey Association
www.smmha.ca

2025 ROCK CUP TOURNAMENT APPLICATION - February 7 - 9, 2025

ASSOCIATION:	TEAM NAME:	LEAGUE:
Division: (Circle one) U10 U11 U12 U13 U14	CLASSIFICATION: GROUP A	COACH (required): EMAIL ADDRESS:
SWEATER COLOUR: Home - Away -	MANAGER/ALTERNATE CONTACT (required): EMAIL ADDRESS:	COACH PHONE #:
PAYMENT SENT: Y N	MANAGER/ALTERNATE CONTACT TELEPHONE #:	TOURNAMENT RULES REVIEWED AND ACCEPTED ON BEHALF OF THE TEAM SPECIFIED ABOVE: _____ SIGNATURE OF RESPONSIBLE PARTY

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 approved player and team official roster at the time of application/registration before playing the tournament. I will present all permission forms for tournament participation, duly completed and authorized.

SIGNATURE:	DATE:
NAME (print):	TITLE:
For Office Use Only...	
Date of Receipt:	Date Notified: