



St. Marys Minor Hockey Association
www.smmha.ca

2022 LL TOURNAMENT APPLICATION - January 7 - 9, 2022

ASSOCIATION:	TEAM NAME:	LEAGUE:
Division: (Circle one) U9 U11 U13 U15	Coach:	EMAIL ADDRESS:
SWEATER COLOUR: Home - Away -	MANAGER:	EMAIL ADDRESS:
ADDRESS:	TELEPHONE #:	ALTERNATE CONTACT:

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:
Office Use Only...	
Date of Receipt:	Date Notified: