**APPLICATION FORM**

**ASSOCIATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**TEAM SPONSOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TEAM COLOURS**

1ST SET BASIC \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TRIM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2ND SET BASIC \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TRIM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TEAM DIVISION**

(Check one)

NOVICE\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ATOM\_\_\_\_\_\_\_\_\_\_\_\_\_ PEEWEE\_\_\_\_\_\_\_\_\_\_\_\_\_

Bantam \_\_\_\_\_\_\_\_\_\_\_\_

**GOVERNING BODY**

(Check one)

ALLIANCE \_\_\_\_ GTHL \_\_\_\_ OMHA \_\_\_\_ OTHER \_\_\_\_

|  |  |
| --- | --- |
| **NAME OF COACH** | **NAME OF MANAGER** |
| **ADDRESS** | **ADDRESS** |
| **TELEPHONE EMAIL**  **FAX** | **TELEPHONE EMAIL**  **FAX** |
| **I understand that current approved H.C.Rosters for all players and team officials must be presented to participate in the tournament.**  **Signature** | **I understand that current approved H. C. Rosters for all players**  **And team officials must be presented to participate in the**  **tournament.**  **Signature** |

Please return completed application form and cheque for entry fee of $725.00 (payable to **Alf Langdon Play Hockey Fund)**

To Alf Langdon Memorial Tournament

381 Finkle St.

Woodstock, On

N4V 1A3

Permission of the Minor Hockey Association has been granted to the Hockey Club to compete in the 2017 Alfred W. Langdon Memorial House League Tournament

SIGNATURE OF ORGANZATION OFFICIAL: TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NO REFUND FOR CANCELLATION OF ACCEPTED APPLICATIONS AFTER THE TEAM HAS BEEN NOTIFIED OF THEIR ACCEPTANCE.

TEAM LIST

|  |  |  |
| --- | --- | --- |
| **ASSOCIATION** | **TEAM NAME** | **TEAM SPONSOR** |

|  |  |
| --- | --- |
| **TEAM DIVISION**  NOVICE\_\_\_\_\_\_\_\_\_ ATOM\_\_\_\_\_\_\_\_\_\_\_\_\_ PEEWEE \_\_\_\_\_\_\_ BANTAM\_\_\_\_\_\_\_\_\_\_\_\_\_ | **CLASSIFICATION** |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **COACH** | **MANAGER** | **TRAINER** | **ASSISTANT COACHES** |

|  |  |
| --- | --- |
| **SWEATOR NUMBER** | **PLAYER’S NAME (PRINTED)** |
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**PLEASE NOTE: SIGNED APPROVED H.C. PLAYER'S ROSTER MUST** **BE PRESENTED FOR ALL PLAYERS ON THE FIRST DAY OF TOURNAMENT PLAY.**