

**DUNNVILLE MINOR HOCKEY ASSOCIATION**

**25TH ANNUAL (2022) ALBERT SCHRAM**

**U15 and U18 LOCAL LEAGUE TOURNAMENT**

**November 18th , 19th and 20th , 2022**

**(games will start during daytime hours Friday November 18th )**

**This Tournament is open to U15 and U18 House & Local League Teams Only**

**- NO SELECT TEAMS-**

**If you are an “A - AAA” Centre That Divides HL into Tiers According To Strength**

**\*TOP TIER TEAMS NEED NOT APPLY\***

**2 Divisions of 3 Teams – 3 Game Guarantee = $750**

Non-O.H.F. Teams please add $20.00

 ***2 – Semi Final games will be played to determine who plays in Championship Game***

* *Awards for Champions & Finalists*
* *M.V.P. Awards in Championship Game*
* *Snack Bar available on site*
* *NO ADMISSION FEE AT THE GATE*

**To enter please complete and return the attached Tournament Team Entry & Team Roster Forms, with a cheque for the amount indicated above.**

**Please send an electronic copy of your teams Approved Roster Sheet with any Affiliated Players on it to the address below by no later than October 20, 2022 along with an approved Travel Permit.**

**Please date cheque no later than October 15, 2022 and make cheques payable to**

**Dunnville Minor Hockey Association and mail to the following address:**

**Attn: Bobbie-Jo Baarda**

**Tournament Coordinator DMHA**

**419 West St.**

**Dunnville, ON**

**N1A 2W6**

**E**mail: dmhamudcats@outlook.com

**Dunnville Mudcats Minor Hockey**

**25th Annual Albert Schram LL Tournament Entry Form**

**NAME OF CENTER OR ASSOCIATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CLASSIFICATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AFFILIATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TEAM NAME/DIVISION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**LOCAL CONVENOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TOURNAMENT CONTACT PHONE NUMBER :(\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TOURNAMENT CONTACT EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SWEATER COLOURS: HOME: BODY: \_\_\_\_\_\_\_\_\_\_\_\_ TRIM:\_\_\_\_\_\_\_\_\_\_**

**AWAY: BODY: \_\_\_\_\_\_\_\_\_\_\_\_ TRIM: \_\_\_\_\_\_\_\_\_**

**COACH: (Please print) NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **PHONE: (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TRAINER: (Please print) NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **PHONE: (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MANAGER: (Please print) NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Ass't Coach/Trainer**

 **ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **PHONE:(\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ASSOCIATION PRESIDENT/SECRETARY: Required per OMHA Regulation 19.1(o) (Please print)**

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

 **PHONE: (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I, , Head Coach of the above described team, have read, understand, & agree to comply with all of the rules & regulations as written in the tournament information package and agree to release the sponsors of the tournament, the tournament officials, arena management and all concerned with the tournament from any liability for injury or accident that may be incurred by any player or team official while participating in, coming to or going from the tournament.**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **DUNNVILLE MUDCATS MINOR HOCKEY****2022 ALBERT SCHRAM LL TOURNAMENT PLAYERS LIST** |
| **TEAM NAME:**  |
|   |   |   |   |   |   |
|   | **SWEATER #** | **POSITION**  | **PLAYERS NAME FIRST LAST** | **G/C A/AP**  | **DATE OF BIRTH MM/DD/YY** |
| 1 |   |   |  |  |  |
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| 3 |   |   |   |   |   |
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| 21 |   |   |  |   |   |
| 22 |   |   |   |   |   |
|   |   |   |   |   |   |
| Coach:- |   | Manager/ Ass't Coach/Trainer:- |   |   |
|   |  |  |  |  |   |
| Trainer:- |   | Ass't Coach/ Trainer:- |   |   |
|   |  |  |  |  |   |
| Ass't Coach/ Trainer:- |   |   |   |
|  |  |
| 1) | Please list your players in numerical order |
| 2) | Indicate Goalies, Captain, Alternates and "AP" players (G / C / A / AP) |
| 3) | Birth dates are required and copies of "OMHA" approved roster must be provided |
| 4) | Entry fee must accompany this completed form for your application to be valid |
| **PLEASE PRINT CLEARLY**  |