A logo of a sports team

Description automatically generated

**DUNNVILLE MINOR HOCKEY ASSOCIATION**

**27TH ANNUAL (2025) ALBERT SCHRAM**

**U15 and U18 LOCAL LEAGUE TOURNAMENT**

**November 14, 15 and 16, 2025**

**(games will start during daytime hours Friday November 14th)**

**This Tournament is open to U11 and U13 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 = $1,150.00**

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 made payable to Dunnville Minor Hockey for the amount indicated above. E-Transfer will also be accepted, please send to** [**dmhamudcats@outlook.com**](mailto:dmhamudcats@outlook.com)**.**

**Please indicate your team’s name in the message box!**

**Please send an electronic copy of your teams Approved Roster with any Affiliated Players on it to the address below by no later than December 5th, 2025, along with an approved Travel Permit.**

**Attn: Bobbie-Jo Baarda**

**Tournament Coordinator DMHA**

**419 West St.**

**Dunnville, ON**

**N1A 2W6**

**E**mail: [dmhamudcats@outlook.com](mailto:dmhamudcats@outlook.com)

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| **Dunnville Mudcats Minor Hockey**  **27th Annual Albert Schram LL Tournament Entry Form** | | | | | | | | | | | | | | | | | | |
| NAME OF CENTRE OR ASSOCIATION: | | | | | | | | | | |  | | | | | | | |
| CLASSIFICATION: | | | |  | | | | | | | | | | | AFFILIATION: | | |  |
| TEAM NAME/ DIVISION: | | | | | | |  | | | | | | | | | | | |
| LOCAL CONVENOR: | | | | |  | | | | | | | | | | | | | |
| TOURNAMENT CONTACT PHONE NUMBER: | | | | | | | | | | | | | |  | | | | |
| TOURNAMENT CONTACT EMAIL: | | | | | | | | | |  | | | | | | | | |
| SWEATER COLOURS: | | | | | | HOME: | | | | BODY: | |  | | | | TRIM: |  | |
|  | | | | | | AWAY: | | | | BODY: | |  | | | | TRIM: |  | |
| COACH: | | | NAME: | | | | | |  | | | | | | | | | |
|  | | | ADDRESS: | | | | | |  | | | | | | | | | |
|  | | | PHONE: | | | | | |  | | | | | | | | | |
|  | | | SIGNATURE: | | | | | |  | | | | | | | | | |
| TRAINER: | | | NAME: | | | | | |  | | | | | | | | | |
|  | | | ADDRESS: | | | | | |  | | | | | | | | | |
|  | | | PHONE: | | | | | |  | | | | | | | | | |
|  | | | SIGNATURE: | | | | | |  | | | | | | | | | |
| MANAGER/ ASS’T COACH/ TRAINER: | | | NAME: | | | | | |  | | | | | | | | | |
| ADDRESS: | | | | | |  | | | | | | | | | |
| PHONE: | | | | | |  | | | | | | | | | |
|  | | | SIGNATURE: | | | | | |  | | | | | | | | | |
| ASSOCIATION PRESIDENT/ SECRETARY:  (REQUIRED PER OMHA REGULATION 14.1(M)) | | | NAME: | | | | | |  | | | | | | | | | |
| PHONE: | | | | | |  | | | | | | | | | |
| SIGNATURE: | | | | | |  | | | | | | | | | |
| I, |  | | | | | | | | , Head Coach of the above-described team, have | | | | | | | | | |
| read, understand, & agree to comply with all 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**  **2025 ALBERT SCHRAM LL TOURNAMENT PLAYERS LIST** | | | | | | | | |
| **TEAM NAME:** | | | | | | | | |
|  | **SWEATER #** | **POSITION** | **PLAYERS FIRST NAME** | | | **PLAYERS LAST NAME** | **G/C A/AP** | **DATE OF BIRTH MM/DD/YY** |
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| 20 |  |  |  | | |  |  |  |
| 21 |  |  |  | | |  |  |  |
| 22 |  |  |  | | |  |  |  |
| **BENCH STAFF** | | | | | | | | |
| POSITION | | | | | NAME | | | |
| Head Coach | | | | |  | | | |
| Trainer | | | | |  | | | |
|  | | | | |  | | | |
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| 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** | | | | | | | | |