



# 32<sup>nd</sup> SCOTIABANK FUN-DAY TOURNAMENT

1127 Bancroft Drive, Minnow Lake Place, 2<sup>nd</sup> Floor, Sudbury, Ontario P3B 1R6  
 Phone (705)560-3817 Fax: 560-9206 [www.sudburyminorhockey.ca](http://www.sudburyminorhockey.ca)  
 e-mail [smha@sudburyminorhockey.ca](mailto:smha@sudburyminorhockey.ca)

## TEAM REGISTRATION FORM

<b>Name of team</b>		
<b>Division (initiation/tyke or novice)</b>		
<b>Association</b>		
<b>Name of manager/contact person</b>		
<b>Mailing address</b>		
<b>City</b>	<b>Postal code</b>	<b>E-mail</b>
<b>Home phone</b>	<b>Work phone</b>	
<p><b>DECLARATION</b></p> <p>a) I hereby enter my team in the 2017 Minor Hockey Fun Tournament and enclose my cheque or money order in the amount of \$850.00 payable to the S.M.H.A.</p> <p>b) I certify that all players listed on the enclosed roster form are eligible to play in the tournament.</p> <p>c) I hereby certify that my team is registered under the auspices of the Hockey Canada</p> <p>d) I realize that this entry form releases the sponsors of the tournament, its officials and the arena management from any liability or injury that may be incurred by any player or team official participating in the tournament.</p>		
<b>Signature of contact person or designate</b>		<b>Date of application</b>
<b>OFFICE USE ONLY</b>		

