



## Nelson Minor Hockey Association Tournament Application Form

Tournament Applied For:			
Tournament Date:			
Association Name:			
Association Address:			
City:			
Province/State:		Postal/Zip Code:	

Division Director Name:			
Phone:		Fax:	
Email:			

Team Name:			
Team Level:	House: ____	Rep: ____	
Team Colours:			
Alt Colours:			

Coach's Name:			
Phone:			
Email:			

Manager's Name:			
Phone:			
Email:			

Amount of Cheque Enclosed:	
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Final acceptance into a tournament will be determined by the Tournament Chair. Any teams not accepted will have their cheques returned.

We request that all tournament fees, applications and rosters be submitted at least 30 days in advance of the tournament your team would like to attend.

PLEASE SEND THE COMPLETED APPLICATION FORM WITH CHEQUE AND TEAM ROSTER TO:

Nelson Minor Hockey Association  
PO Box 766  
Nelson, BC V1L 5R4

Tournament Director:  
Derek Best  
dbest@telus.net