



TD CANADA TRUST
WOMEN'S HOCKEY TOURNAMENT for GIRLS INC.
March 29-31, 2019
BROCKVILLE, ON



TOURNAMENT INFORMATION

**** Please note that games begin at 4pm on Friday and requests for late starts cannot be accommodated ****
All players must be 19+

REGISTRATION

\$850.00 per team

Includes:

- Three game guarantee
- Commemorative team photo for each participant
- Player of the game awards
- Approved referees
- Various divisions (including recreational and competitive)
- Donation to Girls Incorporated of Upper Canada

Deposit :

\$350.00 NON REFUNDABLE

Submit by **January 31st** to be eligible for an early bird draw!

Teams are booked on a first come, first serve basis

Final Payment:

Due 30 days prior to tournament (**Thursday, February 28, 2019**)

Payment Options:

Electronic funds transfer, cheque, bank draft, money order or Visa / MasterCard

CANCELLATION POLICY

In the event of extenuating circumstances, the decision to credit an individual or team will be decided by Girls Incorporated of Upper Canada upon proper documentation.

ARENA INFORMATION

All games will be played at the Brockville Memorial Centre and/or the Youth Arena. It is a one hour drive from Ottawa, two hours from Montreal and three hours from the Toronto area.

GIRLS INCORPORATED OF UPPER CANADA

P. O. Box 791, Brockville, ON K6V 5W1
Tel: (613) 345-3295 • Fax: (613) 342-8684





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TEAM ROSTER & PLAYER INFORMATION

Team Name: _____

Contact: _____ City: _____

Email: _____ Phone: (h) (____) ____ - _____ (c) (____) ____ - _____

Is your team registered in a league? Y / N

If yes, please specify: _____

Jersey Colours: 1. _____ 2. _____

If there is anything we should consider please let us know: _____

The tournament organizing committee will determine which division your team will play in. All teams should be prepared to play Friday at 4:00pm

Player Level Grid	
Highest level attained in organized hockey (Please rank yourselves to the best of your ability)	
College/University.....	10
A/AA.....	8
B.....	7
Minor Hockey/Ringette	5
Recreational (never played any other level).....	3
Beginner.....	1
AGE IS ALSO CONSIDERED	

All participating players acknowledge that there is a risk of being injured when playing the game of hockey.

PLAYER PROFILE (Please refer to the Player Level Grid above for player level category)					
Player Name	Age	Level	Player Name	Age	Level
1			10		
2			11		
3			12		
4			13		
5			14		
6			15		
7			16		
8			17		
9			18		

FORM MUST BE SUBMITTED WITH A \$350.00 DEPOSIT FOR YOUR TEAM TO BE REGISTERED. Teams are booked on a first come-first serve basis. All teams will play a Friday game. Fees are transferable (\$50 administration fee will apply).

METHOD OF PAYMENT: Cheque / Money order enclosed (payable to Girls Incorporated of Upper Canada) \$ _____

ELECTRONIC FUNDS TRANSFER VISA MC If choosing Visa or MasterCard, please visit or call our office at (613) 345-3295.

I, the undersigned, acknowledge that the players' names, ages and skill levels are accurate. I confirm the players, coaches and managers have read and understand the waiver and release of liability disclosure and acknowledge.

Signature of Manager or Coach

Date

