



## Fall Classic Tournament Application

|             |  |
|-------------|--|
| TEAM NAME   |  |
| ASSOCIATION |  |
| DIVISION    | U11      U13   |
| CATEGORY    | Competitive B      Competitive A      Competitive AA |

|                   |  |
|-------------------|--|
| CONTACT NAME      |  |
| ADDRESS           |  |
| CITY              |  |
| POSTAL CODE       |  |
| HOME #            |  |
| CELL #            |  |
| E-MAIL (Required) |  |

\*\* By signing this form, the Team Manager on behalf of his/her team releases any sponsors of the above mentioned tournament, its officials, arena management and all concerned with the tournament, from any liability for any injury or accident which may be incurred by any players or team official while participating in, or coming to, or going from, the tournament and accepts all decisions of the tournament committee as final.

**Make cheques payable to:**  
RIVERVIEW MINOR HOCKEY CLUB  
P.O. BOX 7028  
RIVERVIEW, NB  
E1B 4T8  
IN THE AMOUNT OF **\$1000.00**

**Payment can also be made by eTransfer or credit card.**

**Contact Steve Marshall at [rmhcexecdir@gmail.com](mailto:rmhcexecdir@gmail.com) to pay.**

TEAM MANAGER / OFFICIAL

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