



U9 Jamboree Application

TEAM NAME	
ASSOCIATION	
DIVISION	U9 Level 1 U9 Level 2

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 **\$700**

Payment can also be made by eTransfer or credit card.

Contact Steve Marshall at rmhcexecdir@gmail.com to pay.

TEAM MANAGER / OFFICIAL

SIGNATURE: _____ DATE: _____