



## Winter Classic Tournament Application

TEAM NAME	
ASSOCIATION	
DIVISION	U15      U18
CATEGORY	COMPETITIVE A      COMPETITIVE AA

<b>CONTACT NAME</b>	
<b>ADDRESS</b>	
<b>CITY</b>	
<b>POSTAL CODE</b>	
<b>HOME #</b>	
<b>CELL #</b>	
<b>E-MAIL (Required)</b>	

\*\* 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.

**Registration fee is \$1100.00**

**Contact Steve Marshall at [rmhcexecdir@gmail.com](mailto:rmhcexecdir@gmail.com) for payment information.**

**TEAM MANAGER / OFFICIAL**

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