



Salmon Arm Minor Hockey Association
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Salmon Arm Minor Hockey Association Tournament Registration Form 2024-25

Tournament: _____ Tournament Date: _____

Team Full Name: _____ Rep: _____ Rec: _____

If rep: Tier 1 ___ Tier 2 ___ Tier 3 ___ Tier 4 ___

If rec: Please indicate if your team is tiered and what level your team is in.

Not tiered ___ Tiered ___ if so, what level ? _____

If U11 Dev: PCAHA: A-1 ___ A-2 ___ A-3 ___ or Assoc. tier ___ A, B or C team?

Registered with Hockey Canada: _____ USA Hockey: _____ Other: _____

Local Association Name: _____

Team Manager/Contact Person _____

Email: _____ Phone No. _____

Mailing Address: _____

City: _____ Postal Code: _____

Attention Team Managers: Once confirmed, please send in your Hockey Canada roster asap. Kindly notify tournament chair if there are any changes prior to attending the tournament. Overage players are permitted to play in recreation tournaments and should be listed on your roster. Final selections of teams will be made from registration forms received with cheques attached...payable to SAMHA. We will also accept e-transfers:

Please send to bookkeeper@salmonarmminorhockey.com Indicate team name, contact and tournament name.

Any team that withdraws after payment/acceptance, will NOT be reimbursed UNLESS a replacement team is found and paid in full. There will be a \$100 administration fee. Cancellations within 28 days of tournament date will receive a 50% of entry fee less administration fee of \$100 if replacement team can be found.

By signing registration form, the visiting team's association and coaches release SAMHA and all officials associated with the tournament from any liability for any injury or accident which may be incurred by any players or team officials while participating or traveling to and from the tournament.

Signature of Manager/Coach: _____ Print: _____

Date: _____

Note: Tournaments fill up quickly. Register as soon as possible. See above.