

**The Mark Woodley/Len Hoskins Memorial Tournament**

**Sponsored by Howard Mutual Insurance Company**

**December 13th – 15th, 2019**

**Atom, Peewee, Bantam, and Midget Local League Teams**

**OMHA Sanctioned #9337**

The tournament is for, Atom, Peewee, Bantam, and Midget Local League Teamsonly. Team

acceptance into the tournament will be based on receipt of tournament fees, OMHA approved roster, and completed team/player registration forms.

**Entry fee**: $575.00  
**Gate fee:**Adults of $4.00 per day or a $10.00 weekend pass.

Please forward the attached/enclosed application form to:

Perry Short

11169 Front Line

Blenheim ON

N0P1A0

Phone 5198090059

email:    [Woodley-Hoskins@SouthKentMinorHockey.com](mailto:Woodley-Hoskins@SouthKentMinorHockey.com)

Please make cheques payable to SKMHA or E-Transfer to: payments@southkenminorthockey.com

### OMHA TOURNAMENT RULES AND REGULATIONS

1. Each player must produce an approved CAHA recognized playing certificate for the current playing season.
2. All other OMHA tournament rules and regulations will be in effect during this tournament.
3. Any player or team official suspended in the tournament shall serve it as per rule 8.2 section B.
4. One member of the team’s management must remain in the dressing room after the game until the last player

has left, and handed in the dressing room key.

1. The tournament committee is not responsible for lost or stolen items during the tournament.
2. The team coach and/or manager shall ensure that two responsible adults, who have received the Abuse & Harassment training and have passed a Police Record Check, remain in the dressing room with the team at all times to control discipline.

### TOURNAMENT FORMAT

1. Each team is guaranteed three games.
2. Tournament point system and format will be determined based on the number of entries per division.

# Mark Woodley/ LEN HOSKINS Entry Form

### PLEASE PRINT

|  |  |
| --- | --- |
| **TEAM NAME:** |  |
| **CENTRE / CLASSIFICATION:** |  |
| **DIVISION:** |  |
| **AFFILIATION EITHER OMHA OR OTHER:** |  |
| **MANAGER’S NAME:** |  |
| **ADDRESS:** |  |
| **CITY, POSTAL CODE:** |  |
| **TELEPHONE: HOME() WORK()** |  |
| **OTHER CONTACT INFORMATION (CELL/EMAIL)** |  |
| **COACH’S NAME:** |  |
| **ADDRESS:** |  |
| **CITY, POSTAL CODE:** |  |
| **TELEPHONE: HOME() WORK()** |  |
| **OTHER CONTACT INFORMATION (CELL/EMAIL)** |  |

**Please Note:** Acceptance of a team entry releases the Tournament Chairman, Tournament Committee and Officials, Tournament Sponsors, Arena Management and all connected with the tournament from any liability for the injury or accident incurred by a Player or Team Official while attending or participating in the Tournament.

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| --- | --- |
| TOURNAMENT CONTACT NAME: |  |
| EMAIL ADDRESS: |  |
| HOME PHONE: |  |
| CELL PHONE: |  |

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| --- | --- | --- | --- | --- | --- |
| **PRINT NAME**: |  | **SIGNATURE:** |  | **DATE**: |  |

# PLAYER REGISTRATION FORM

**MARK WOODLEY /LEN HOSKINS TOURNAMENT**

Please print clearly the requested information. Use this form or an alternate sheet of paper. The list will be used for the tournament program.

|  |  |  |  |
| --- | --- | --- | --- |
| **TEAM NAME:** | **CENTRE / CLASSIFICATION:** |  |  |
| **DIVISION:** | **JERSEY COLOR HOME:** | **AWAY:** |  |
|  | | |  |
|  | | |  |
| **JERSEY NUMBER** | **FIRST AND LAST NAME OF PLAYER:** | |  |
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| **TEAM STAFF – POSITION:** | **FIRST AND LAST NAME:** |
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### South Kent Minor Hockey Association

### [www.southkentminorhockey.com](http://www.southkentminorhockey.com)