Hosted By:

Milton Adult Women's HOCKEY EST. 2004 League

Rec'd	
Chq#	

Team Information:

Team Name:_____ **Team Captain**_____

ADDRESS:_____
Street **Apt #** **City/Town** **Postal Code**

EMAIL:_____

TELEPHONE: (HOME:)_____ **WORK:**_____

REGISTRATION FEE (team): **$650.00 – Payable to "MAHL-Women's Division"**

Registration includes:

Team entry into the tournament
Individual entry into Ned Devine's Irish Pub for pre and post game celebrations (retain your ticket stub provided at your first game for entry, lost ticket will result in additional $10 entry fee into the pub.
Entry into banquet hall at Milton Sports Complex

Team Color (Home): _____

Team Color (Away): _____

Tournament rules:

5 on 5 co-ed hockey
Minimum of 2 women on the ice at all times, not including the goalie
Standard 3 10 minute stop time periods
Double elimination of teams, last two teams will play in final at approximately midnight
To the best of our ability, games will begin on time and may begin up to a ½ hour early depending upon the flow of the games. Therefore, please have your team at the arena in due time. A representative will be at Ned's at all times that can update you on the status of the games and the expected start times.
Anyone considered to be intoxicated will be asked to leave the ice by the officials and will not be permitted back into the tournament.

TEAM RULES AND WAIVER:

1. Milton Adult Hockey League is not, in anyway liable for any injury sustained/incurred to any player on the team throughout the course of the hockey tournament.
2. To be eligible to play in the tournament, all players must be 19 years of age or older as of June 1, 2008. Proof of age must be submitted upon request.
3. There will be **NO Refunds issued within 2 weeks of the tournament date.**
4. There will be no alcohol consumption within the sports complex except in the designated areas (banquet room)

PLEASE NOTE THAT EACH PLAYER WILL BE REQUIRED TO SIGN AN INDIVIDUAL DECLARATION AT THE START OF THE TOURNAMENT. You will be required to provide a full roster by June 7th.

I _____ have read and fully understand the above mentioned rules. I also understand that if anyone on my team does not follow these rules, the team will be requested to leave the tournament immediately and no refund will be given to me at this time. Note there is a $25.00 fee for all NSF cheques.

_____ _____
Team Captain Signature **Date**

Mail or Drop filled and Signed form to 281 Pettigrew Trail, Milton Ontario L9T5X7
Any Further questions? – Please Contact Jen at: halfpynte@hotmail.com or Stephanie at: stephaniegrave@hotmail.com