

Tri-County Minor Hockey Association
Frankie Castonguay Memorial
U13 Competitive A Hockey Tournament
Application Form

JANUARY 25 – 28, 2024 (Including Thursday Night)

Home Association: _____ Province: _____

Team Name: _____

Division: _____ Jersey Color: _____

Team Manager: _____ Phone # _____

E-Mail Address: _____

Team Head Coach: _____ Phone # _____

E-Mail Address: _____

Team Roster: Attached Electronic Copy Sent

Notes:

1. A cheque for \$825.00 payable to TMHA in full can be postdated not less than two weeks prior to tournament start date (Jan 11/24) in order to confirm team registration in the tournament. Cheques can be mailed or shipped to the Tournament Director at the address below.

OR

An e-transfer to tmhafinance@gmail.com for the full payment can be sent anytime in order to confirm team registration in the tournament. Please include **TOURNAMENT** and **TEAM NAME** in the comment section of the e-transfer. Use Password: Rivercats.

2. All TMHA tournaments are HNB sanctioned and are roster tournaments. Rosters for the Tournament are to be as registered with parent association as a COMPETITIVE A TEAM or equivalent.

3. Once payment (cheque or e-transfer) and registration form is received this will secure a spot in the tournament. You will receive a confirmation email that your team is in the tournament. If tournament is full when payment is received you will be notified by the Tournament Director. HNB roster and travel permit are to be sent at least 2 weeks before tournament to the tournament director. If not received before the tournament the team will not be permitted on the ice until it is received.

4. Mail completed form, cheque, roster and travel permit to the address below or if sending e-transfer email form, roster and travel permit to tricopeeweetournament@gmail.com.

Sandra Miller
Tournament Director
10 Byers Road
Hoyt, NB

E5L 2G4