



**Jamboree Application Form
TSMHA Challenge Cup
Oct. 26 & 27, 2019**

For more information, please contact Trevor Desrosiers 705-650-1304
Or Billie Richer: tsmhatournaments@outlook.com
Email or mail registration to TSMHA, Box 1423, New Liskeard ON, P0J 1P0

Center and Team Information

Team Name: _____

Name of Association: _____

Name of City or Town: _____

Sweater Colours: Home: _____ *Away:* _____

Governing Body: NOHA ___ *OWHA* ___ *Other (please specify):* _____

Contact Information (please print):

Manager Name:	Coach Name:
Address:	Address:
City/Town:	City/Town:
Postal:	Postal:
Home Phone:	Home Phone:
Business Phone:	Business Phone:
Cell Phone:	Cell Phone:
Email:	Email:

Category (please check):

Tier 1 (Formally Rep): _____ Tier 2 (Formally HL): _____

By signing this entry form, the Team Manager, on behalf of his/her team, releases the sponsors of the above tournament, its officials, arena management, Temiskaming Shores Minor Hockey Association and all concerned with the tournament from liability for any injury or accident which maybe incurred by any player or team official while participating in the tournament or while traveling to or from the tournament.

Manager/Coach Signature: _____ Date: _____

Wilson Chevrolet Buick GMC Challenge Cup
Player Roster Registration Form (Please Print)

Team Name: _____ **Tier:** _____

Team compositions are recommended to be 8 players and 1 goalie to allow for maximum ice time. Teams may be built with less than 8 players or more if needed, depending on how many players an association has in their novice program.

<i>Sweater #</i>	<i>Player's Name</i>	<i>Birthdate</i>	<i>HC Player's CERT #</i>

Coaching Staff	Name	HC Cert#
Coach		
A/Coach		
A/Coach		
Trainer		
Manager		