



Caledonia District Minor Hockey Association
 4-100 Haddington St., Caledonia, ON N3W 1N4
 Tel: 905-765-5665 Fax: 905-765-1447

Tournament Director: Scott Brownell; sbrownell@mountaincable.net

Aaron & Devin Koocher Memorial Tournament Application / Entry Form

Team Name: _____

Centre Name: _____

Name / Title of Association Contact (e.g. President, VP, Convenor)

Head Coach: _____ Phone # _____

E-mail: _____ Fax # _____

Address: _____ City: _____

Postal Code: _____

Manager: _____ Phone # _____

E-mail: _____ Fax # _____

Address: _____ City: _____

Postal Code: _____

Division Applying For (Check One):

Tyke Novice Atom Pee Wee Bantam Midget

Roster Sheet Enclosed Yes No

Payment Information

Payment Type (Check One)

Cheque Visa Mastercard Money Order

Card Number Expiry Date

Cardholder's Name (as printed on card) _____

The tournament rules have been reviewed with the players, team staff and parents.

Signature of Team Official: _____ Date: _____