



Pacific Coast Amateur Hockey Association Tournament Application Form

Form127
(Rev: Aug/09)

Please complete a separate form for each Tournament Division/Category.

Host Minor Hockey Association:			
Tournament Dates -	From:		To:

Executive Member Making Request			
Name:		Position:	
Address:		Telephone:	
City:		Fax:	
Postal Code:		E-mail:	

Tournament Director			
Name:			
Address:		Telephone:	
City:		Fax:	
Postal Code:		E-mail:	

Tournament Contact Person			
Name:			
Address:		Telephone:	
City:		Fax:	
Postal Code:		E-mail:	

PCAHA Preliminary Approval and Game Numbers to be forwarded to (check one):

Executive Member Tournament Director Tournament Contact

<input type="checkbox"/>	Tournament
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<input type="checkbox"/>	Jamboree
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Division			
<input type="checkbox"/>	Hockey 1	<input type="checkbox"/>	Atom
<input type="checkbox"/>	Hockey 2	<input type="checkbox"/>	PeeWee
<input type="checkbox"/>	Hockey 3	<input type="checkbox"/>	Bantam
<input type="checkbox"/>	Hockey 4	<input type="checkbox"/>	Midget
<input type="checkbox"/>		<input type="checkbox"/>	Juvenile
<input type="checkbox"/>		<input type="checkbox"/>	Female

Category	
<input type="checkbox"/>	Tier 1
<input type="checkbox"/>	Tier 2
<input type="checkbox"/>	Tier 3
<input type="checkbox"/>	Tier 4
<input type="checkbox"/>	A
<input type="checkbox"/>	C

Type	
<input type="checkbox"/>	Branch
<input type="checkbox"/>	Inter-Branch
<input type="checkbox"/>	International

(Please indicate appropriate Division, Category, and Type)

General Information:

- | | | | |
|------------------------------|----------------------|--|--|
| 1. Entry fee per team: | <input type="text"/> | 4. Number of games guaranteed per team: | <input type="text"/> |
| 2. Number of teams expected: | <input type="text"/> | 5. No. of years tournament has been running: | <input type="text"/> |
| 3. TOTAL number of games: | <input type="text"/> | 6. Format: | <input type="checkbox"/> Knockout style <input type="checkbox"/> Round-robin |

Instructions:

- Enclose a copy of **YOUR** Tournament application or entry form, **AND**
- Enclose a copy of **YOUR** Tournament Rules and Regulations.

E-mail this form and the above items to: PCAHA Tournament Officer

E-mail: tournaments@pcaha.bc.ca

Address: #114-3993 Henning Drive, Burnaby, BC V5C 6P7

Signature:	Date:
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