

## PACIFIC COAST AMATEUR HOCKEY ASSOCIATION

CENTRAL OFFICE: #114 - 3993 HENNING DRIVE, BURNABY, B.C. V5C 6P7 TELEPHONE 604-205-9011. FAX 604-205-9016. WEB SITE http://www.pcaha.bc.ca

SERVING AMATEUR HOCKEY IN THE LOWER MAINLAND SINCE 1941

#### **ACTION BULLETIN**

**DATE:** December 6, 2006.

TO: All Coaches and Managers

Presidents "C" League Midget "C" teams

SUBJECT: 1st Annual PCAHA Midget "C" Scholarship Tournament.

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The 1st Annual PCAHA Midget "C" Scholarship Tournament will be held December 17-21, 2006. This pilot event is being held by Presidents "C" League with all games played at the Richmond Ice Centre, hosted by Richmond MHA and Seafair MHA. Participation is open to both Body Contact and Checking players, and the games will be played according to Body Contact rules. The emphasis will be on FUN and SAFE hockey.

#### We need your help now to nominate players for the Tournament!

Three teams will be selected from among the players nominated. To be eligible to participate, players must be:

- 1) 17 years old as of December 31, 2006.
- 2) Registered with a Midget "C" team within Presidents "C" League.
- 3) Any player who has incurred a Match Penalty or Gross Misconduct during the current season or who has incurred excessive penalty minutes will not be eligible for participation.

Each Scholarship Tournament team will consist of 15-17 skaters and 2 goaltenders and will play two games in the Tournament. At the end of the Tournament each participant will receive a Certificate of Merit. Three participating players will be selected to receive a PCAHA Midget Special Bursary Award in the amount of \$500.

Each Midget "C" team is asked to nominate <u>at least 2 players</u> who meet the criteria. Please find attached a player nomination form. Nominations must be faxed to <u>604-522-6433</u> by not later than <u>Monday, December 11, 2006</u>. Please identify goaltenders on the attached form.

Thank you, Pacific Coast Presidents



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# 2006 PCAHA MIDGET "C" SCHOLARSHIP TOURNAMENT (PRESIDENTS "C" LEAGUE) PLAYER NOMINATION FORM

Association/Team:	
Body Checking/Body Contact	(please circle one)
NOMINATION 1	
Player's Name:	Date of Birth:
Address:	1 222 2
City:	Postal Code:
Phone #:	Email:
Position:	Current School:
NOMINATION 2	
Player's Name:	Date of Birth:
Address:	<u> </u>
City:	Postal Code:
Phone #:	Email:
Position:	Current School:
NOMINATION O	
NOMINATION 3	Defe of Divide
Player's Name:	Date of Birth:
Address:	D(-1 O1-)
City:	Postal Code:
Phone #:	Email:
Position:	Current School:
NOMINATION 4	
Player's Name:	Date of Birth:
Address:	
City:	Postal Code:
Phone #:	Email:
Position:	Current School:
NOMINATION 5	
NOMINATION 5 Player's Name:	Date of Birth:
Address:	Date of Diffi.
City:	Postal Code:
Phone #:	Email:
Position:	Current School:
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Team Official completing form:	Phone #