



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: November 24, 2008.

TO: All Coaches and Managers
Presidents "C" League Midget "C" teams

FROM: Richard Alder
PCAHA Managing Director, Presidents "C" League

SUBJECT: **3rd Annual Joe Morellato Midget "C" Scholarship Tournament.**

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The 3rd Annual PCAHA Joe Morellato Midget "C" Scholarship Tournament will be held by Presidents "C" League December 12-17, 2008. Participation is open to players on both Contact and Checking teams, and the games will be played according to Contact rules (non-bodychecking). 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, 2008 (born in 1991).
- 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 selection.

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 **up to 4 players** who meet the criteria. Please find attached a player nomination form. Nominations must be faxed to **604-241-8253** or e-mailed to ralder@pcaha.bc.ca by not later than **Midnight, Wednesday, December 3, 2008.** Please identify goaltenders on the attached form.

Thank you for your assistance.

Richard Alder
PCAHA Managing Director

cc. Association Presidents, Karim Dossa, Bud Sage



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The 3rd Annual Joe Morellato Midget “C” Scholarship Tournament

Three Teams: Sockeye, Steelhead, and Tye

Dates: December 12th through December 17th, 2008

Game Schedule: t.b.a.

Format:

- Each team will play the others once, winner by best record (PCAHA Section M).
- Playing Rules: Body Contact, no body checking permitted as per HC Rule 50(b).
- One Game MVP per team per game, based on excellence and sportsmanship, as determined by the selection panel.
- PCAHA Special Bursary Awards: One bursary of \$500 will be awarded per team, based on accumulated MVP points for the 2 games played.

Player Eligibility:

- Players must be in their last eligible season of Midget Hockey (born in 1991).
- Players must be registered on a Midget “C” team in Presidents “C” League.
- Players must not to have incurred a Match Penalty, Gross Misconduct, or excessive penalty minutes during the current hockey season.
- Transcripts/report cards are not required.

Nominations:

- Each Presidents “C” League Midget team is asked to nominate 4 players interested and eligible to participate.
- Fax or email the attached form to Joe Morellato Midget “C” Scholarship Tournament, fax: 604-241-8253 or e-mail: ralder@pcaha.bc.ca
- Nomination forms must be received by Midnight, Wednesday, December 3th.
- Selected players will be notified by Midnight, Wednesday, December 10th.



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2008 JOE MORELLATO MIDGET "C" SCHOLARSHIP TOURNAMENT (PCAHA PRESIDENTS "C" LEAGUE)

PLAYER NOMINATION FORM

Association/Team:
Body Checking/Body Contact (please circle one)

NOMINATION 1

Player's Name:	Date of Birth:
Address:	
City:	Postal Code:
Phone #:	Regular Position:
Email:	
Playing Ability (rank 1-5, 1=weak, 5=strong):	

NOMINATION 2

Player's Name:	Date of Birth:
Address:	
City:	Postal Code:
Phone #:	Regular Position:
Email:	
Playing Ability (rank 1-5, 1=weak, 5=strong):	

NOMINATION 3

Player's Name:	Date of Birth:
Address:	
City:	Postal Code:
Phone #:	Regular Position:
Email:	
Playing Ability (rank 1-5, 1=weak, 5=strong):	

NOMINATION 4

Player's Name:	Date of Birth:
Address:	
City:	Postal Code:
Phone #:	Regular Position:
Email:	
Playing Ability (rank 1-5, 1=weak, 5=strong):	

Team Official completing form: _____ Phone # _____

PLEASE COMPLETE AND RETURN BY FAX TO 604-241-8253 BY WED., DEC. 3, 2008