



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 16, 2009.

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

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

SUBJECT: **4th Annual Joe Morellato Midget "C" Scholarship Tournament.**

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The 4th Annual PCAHA Joe Morellato Midget "C" Scholarship Tournament will be held by Presidents "C" League from December 13-17, 2009. 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, 2009 (born in 1992).
- 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, to be completed with the requested information for each nominated player. Please identify goaltenders on the attached form.

Nominations must be faxed to **604-205-9016** or e-mailed to mcst@pcaha.bc.ca by not later than **Midnight, Wednesday, December 2, 2009.**

Thank you for your assistance.

Richard Alder
PCAHA Managing Director

cc. Association Presidents, Ross Young, Khalid Abdul-Baasit, Gerry Liu



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The 4th Annual Joe Morellato Midget “C” Scholarship Tournament

Three Teams: Sockeye, Steelhead, and Tye

Dates: December 13th through December 17th, 2009

Game Schedule: To be announced.

Format:

- Each team will play each other team once.
- Winner determined by best record (PCAHA Section M).
- Playing Rules: Body Contact - no body checking per HC Rule 6.2(b).
- One Game MVP will be awarded per team per game, as determined by the selection panel, based on the criteria of excellence and sportsmanship.
- 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 1992).
- 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.

Player 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 **Attn.: Ross Young, Chairperson, Joe Morellato Midget “C” Scholarship Tournament, fax: 604-205-9016 or e-mail: mcst@pcaha.bc.ca**
- Nomination forms must be received by **Midnight, Wednesday, December 2nd.**
- Selected players will be notified by Thursday, December 10th.

Team Officials:

- Team officials interested in assisting with the Tournament Teams are asked to advise Ross Young, Chairperson, Joe Morellato Midget “C” Scholarship Tournament, fax: 604-205-9016 or e-mail: mcst@pcaha.bc.ca
- 2 Coaches, a Manager, and a Safety Person will be appointed for each of the Tournament Teams.



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2009 JOE MORELLATO MIDGET "C" SCHOLARSHIP TOURNAMENT (PCAHA PRESIDENTS "C" LEAGUE)

PLAYER NOMINATION FORM

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

Please complete all requested information, including the player's e-mail address, telephone number, and mailing address.

NOMINATION 1

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

NOMINATION 2

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

NOMINATION 3

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

NOMINATION 4

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

Team Official completing form: _____ E-mail: _____

PLEASE COMPLETE AND RETURN BY FAX TO 604-205-9016 BY WED., DEC. 2, 2009