



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

BULLETIN

DATE: November 22, 2010.
FROM: Marline Sandferd
PCAHA Vice-President
TO: All Coaches and Managers
PCAHA Juvenile Teams
SUBJECT: **2011 PCAHA Juvenile Scholarship Tournament.**

=====

The PCAHA Juvenile Scholarship Tournament is the annual showcase event for the Juvenile division. It is held to promote participation in Minor Hockey at the Juvenile level by showcasing those Juvenile Division players exhibiting the qualities of good sportsmanship, leadership, character, and playing ability. In addition, the Tournament aims to increase participation by Juvenile players in the PCAHA Scholarship Program.

This year's Tournament, the 29th Annual, will be held from **January 30-February 5, 2011**. Your assistance is needed to nominate the players who will participate on the three Tournament teams. Player eligibility guidelines are as follows:

1. Players must be registered in the Juvenile Division with a PCAHA-member Association.
2. First preference will be given to players in their last year of Juvenile eligibility (20 years old as of December 31st of the current season - born in 1990).
3. If there are insufficient eligible 20 year olds on a given club team, second preference will be given to 19 year olds (players born in 1991).
4. Any player having incurred a Match Penalty or Gross Misconduct during the current season is ineligible for participation in the Tournament. In addition, players may be disqualified for excessive penalty minutes upon review of their penalty record.

Each Juvenile team is responsible for nominating **two (2) players plus two (2) alternates** (not including goaltenders) to participate in the tournament. Please find enclosed a copy of the Tournament nomination form along with relevant excerpts from the Tournament Operating Guidelines. Please review the section on player eligibility and selection before you complete the form with your team's nominations. When selecting your team's representatives, please take into account the qualities of good sportsmanship, leadership, character, and playing ability.

Goaltenders are selected separately. Please refer to the enclosed goaltender nomination form.

Team officials are also required. If you are interested in acting as a Coach, Manager, or Safety Person for one of the tournament teams, please complete the attached team official application form and forward it to Len Cuthbert.

Your completed nomination forms should be submitted to: **Len Cuthbert, Managing Director, Juvenile Division; 6251 Parkes Drive, Richmond, B.C., V7C 5R3 (phone/fax: 604-247-1644; e-mail: lcuthbert@pcaha.bc.ca)**. Nominations are due on or before **Tuesday, January 4, 2011.**

Thank you for your assistance in making this year's event a success.



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

P.C.A.H.A. JUVENILE SCHOLARSHIP TOURNAMENT 2010-2011 OPERATIONAL GUIDELINES

EXCERPTS

A. General:

1. **Objective:** The PCAHA annually hosts the Juvenile Scholarship Tournament to promote participation in Minor Hockey at the Juvenile level (age 18-20) by showcasing those Juvenile Division players exhibiting the qualities of good sportsmanship, leadership, character, and playing ability. In addition, the Tournament aims to increase participation by Juvenile players in the PCAHA Scholarship Program.
2. **History:** The Juvenile Scholarship Tournament was established in 1983 by Earle Sinkie and Ed Hanusiak (then PCAHA Juvenile Division Managers) to provide a recognition event for graduating Juvenile players.

E. Player Eligibility and Selection:

1. **Basic Qualifications:**
 - (a) Players must be registered in the Juvenile Division with a PCAHA-member Minor Hockey Association.
 - (b) Each member Minor Hockey Association entering a Juvenile "A" team shall have as close to equal representation as possible on the Tournament team representing its Conference or grouping.
 - (c) First preference shall be given to graduating Juvenile players (20 years old as of December 31st of the current season). If there are insufficient eligible 20 year olds on a given club team, second preference shall be given to 19 year olds (19 years old as of December 31st of the current season).
 - (d) **Sportsmanship Requirement** - Any player having incurred a Match Penalty or Gross Misconduct during the current season shall be ineligible for participation in the Tournament. In addition, players may be disqualified for excessive penalty minutes upon review of their penalty record.
2. **Player Nomination Process:**
 - (a) The Committee shall allocate club teams to each Scholarship Tournament team for purpose of distributing the eligible players.
 - (b) Each club team is responsible for nominating a number of players from among the eligible players on that team (excluding goaltenders). The number of players nominated will be approximately equal for all club teams.
 - (c) Player nominations from club teams shall be based upon the qualities of good sportsmanship, leadership, character, and playing ability.
 - (d) Upon nomination, each player must turn in a photograph for program.
3. **Player Selection Process:**
 - (a) There shall be no tryouts. Eligible nominated players shall be assigned to the Tournament team rosters by the Coordinator.
 - (b) The size of the final roster for each Tournament team shall be 17 skaters plus 2 goaltenders.

PCAHA Juvenile Scholarship Tournament - Operational Guidelines (cont.):

- (c) Goaltenders will be selected by the Managing Director and League Manager(s). Goaltender selection shall include the opportunity of input from Juvenile Division team officials by way of a "Goaltender Nomination Form".
- (d) A designated standby goaltender may be designated for use in case of the unavailability of the regular, selected goaltenders.
- (e) Each Tournament team shall be permitted a maximum of four practice icetimes (outside of the Tournament games), as supplied by the participating club teams. All nominated players shall be invited to all practices of their Tournament team.
- (g) Coaching staffs must inform the Tournament Committee of the times, dates, and locations of all practices.
- (h) Coaching staffs must maintain a record of player attendance at all practices and submit this record to the Tournament Committee.
- (i) There shall be no substitution of players with the exception of goaltenders. If a goaltender is rendered unavailable by reason of injury or suspension, the Tournament Committee shall authorize use of the designated standby goaltender.
- (j) A player participation fee shall be charged all players toward attendance by the player at the award ceremonies or windup.

F. Tournament Format:

1. **Dates:** The Tournament will be held following B.C. Minor Hockey Week but prior to the start of the Juvenile "AAA" playoffs.
2. **General Format:** The Tournament shall be a three team single-round-robin series with a championship final game. (Total=4 games).
3. **Participating Teams:** Three representative (3) teams shall be drawn from among the PCAHA member Minor Hockey Associations entering Juvenile teams.
4. **Game Format:**
 - (a) Pre-game warm-up - 10 minutes.
 - (b) Periods will be three 20-minute stop time periods.
 - (c) There will be an ice clean prior to the game and between periods.





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

2011 PCAHA JUVENILE SCHOLARSHIP TOURNAMENT PLAYER NOMINATION FORM

ASSOCIATION/TEAM:

1.	Player's Name: _____
	Address: _____
	City: _____ Postal Code: _____
	Phone No.: _____ E-mail: _____
	Regular Position: Defence: _____ Forward: _____ Regular Jersey Number: _____
	Playing Ability (rank 1-5): _____ (1=weak, 5=strong)

2.	Player's Name: _____
	Address: _____
	City: _____ Postal Code: _____
	Phone No.: _____ E-mail: _____
	Regular Position: Defence: _____ Forward: _____ Regular Jersey Number: _____
	Playing Ability (rank 1-5): _____ (1=weak, 5=strong)

Alt #1	Player's Name: _____
	Address: _____
	City: _____ Postal Code: _____
	Phone No.: _____ E-mail: _____
	Regular Position: Defence: _____ Forward: _____ Regular Jersey Number: _____
	Playing Ability (rank 1-5): _____ (1=weak, 5=strong)

Alt #2	Player's Name: _____
	Address: _____
	City: _____ Postal Code: _____
	Phone No.: _____ E-mail: _____
	Regular Position: Defence: _____ Forward: _____ Regular Jersey Number: _____
	Playing Ability (rank 1-5): _____ (1=weak, 5=strong)

Team Official Completing Form:

E-mail:

Please complete and return to Len Cuthbert by Tuesday, January 4, 2011



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

2011 PCAHA JUVENILE SCHOLARSHIP TOURNAMENT **GOALTENDER NOMINATION FORM**

Goaltenders for the PCAHA Juvenile Tournament will be designated by the Managing Director and League Managers, rather than as part of the regular nomination process. The input of all Juvenile Division Coaches/Managers is requested and welcomed. Please complete this form with your recommendations and forward to **Len Cuthbert by Tuesday, January 4, 2011.**

1. Outstanding Goaltenders:

In your opinion, from among the goaltenders your team has played against this season, who are the outstanding goaltenders in the Juvenile Division?

	<u>Goaltender's Name</u>	<u>Association/Team</u>	<u>Comments</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

2. Goaltenders on Your Team:

Do you recommend that one or both goaltenders on your team be considered for selection for the Scholarship Tournament? Please only list goaltenders who meet the Tournament eligibility criteria.

	<u>Goaltender's Name</u>	<u>Playing Ability (rank 1-5)</u>	<u>Phone #</u>	<u>E-mail Address</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

TEAM OFFICIAL COMPLETING THIS FORM:

Name:	_____
Team:	_____
Phone Number:	_____
E-mail Address:	_____

Please complete and return to Len Cuthbert by Tuesday, January 4, 2011



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

2011 PCAHA JUVENILE SCHOLARSHIP TOURNAMENT COACH/MANAGER APPLICATION FORM

Applications are open for the positions of Coach, Manager, and Safety Person for the 2011 PCAHA Juvenile Scholarship Tournament. Six (6) Coaches and three (3) Managers will be appointed by the PCAHA Special Events Committee. Either one Safety Official for all 3 tournament teams or one Safety Official per team will also be appointed. If you are interested in applying for one of these positions, please complete this form and forward it to **Len Cuthbert by Tuesday, January 4, 2011**

Please note that any team official who has incurred a Game Misconduct, Gross Misconduct, or Match penalty during the current season is not eligible for selection.

1. Position Applying For:

Coach Manager Safety Person

2. Personal Information:

Name: _____

Address: _____ Postal Code: _____

Phone No.: _____ Fax No.: _____ E-mail: _____

3. Hockey Experience:

<u>Season</u>	<u>Association</u>	<u>Division</u>	<u>Team</u>	<u>Position</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. Certification/Qualification Held:

Introduction to Coaching Year: _____ Safety Program (HSCP) Year: _____

Coach Stream Year: _____ Speak Out/Respect in Sport Year: _____

Developmental 1 Year: _____

Other: _____

5. Comments:

Signature: _____

Please complete and return to Len Cuthbert by Tuesday, January 4, 2011