



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

The 9th Annual Joe Morellato Midget “C” Scholarship Tournament

Three Teams: Sockeye, Steelhead and Tye

Dates: December 5-12, 2014

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 as 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: Two \$500 bursaries will be awarded per team based on accumulated MVP points for the two games played

Player Eligibility

- Players must be in their last eligible season of Midget Hockey (born in 1997)
- Players must be registered on a Midget “C” team in Presidents “C” League
- Players must not 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 e-mail 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, Sunday, November 23, 2014
- Selected players will be notified by December 1st, 2014

Team Officials

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



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Joe Morellato Midget "C" Scholarship Tournament (PCAHA Presidents "C" League) Player Nomination Form

Association/Team: _____

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: _____ (name & position)

E-mail: _____

PLEASE COMPLETE AND RETURN BY FAX OR E-MAIL BY NOVEMBER 23, 2014

FAX: 604-205-9016 E-MAIL: mcst@pcaha.bc.ca