



# Checkers Hockey Tournament Official Team Roster



Team Name: \_\_\_\_\_ Representative Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Tournament Contact Cell #: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

**Eligibility Rules:**

- All players must be 19 years of age and older.
- No male players may play that have played pro or have been carded with the C.A.H.A. since March 31<sup>st</sup> 2013
- Teams in **Rec. 35+** must have average age of 35 years. **Rec 40+** must have an average age of 40 years. Teams in Rec 40 w/underage may only have 4 players under the age of 40.

Players Names	Birth Date (M/D/Y)	Age as of 03/30/15
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
G1.		
G2.		
	Total Team Ages =	
	Average Age of Team =	

**Please return completed roster forms no later than Apr 7<sup>rd</sup>, 2015.**  
**Email: mknights@vernon.ca**  
**Fax to: (250)550-3705**  
**Mail to: 3310 37<sup>th</sup> Ave Vernon BC, V1T 2Y5**  
[www.checkershockey.ca](http://www.checkershockey.ca)

I, the team representative acknowledge that the above players' names and ages are accurate and that they meet all the eligibility rules of the tournament. After April 7<sup>rd</sup> 2015 any additions, deletions, or replacements must be communicated to mknights@vernon.ca. I understand that violating the tournament rules will mean automatic expulsion of my team. We reserve the right to restrict teams and players and to re-classify teams if necessary.

Signature of Team Representative: \_\_\_\_\_ date: \_\_\_\_\_

