

5TH ANNUAL SUBWAY

BANTAM AND MIDGET HOUSE LEAGUE HOCKEY TOURNAMENT APRIL 1, 2, & 3RD 2016 TIM HORTON EVENT CENTRE COCHRANE, ONTARIO

SPONSORED BY: SUBWAY

HOSTED BY: COCHRANE MINOR HOCKEY ASSOCIATION

AN APPLICATION FORM, TOURNAMENT RULES, FORMAT AND GENERAL INFORMATION ARE ENCLOSED FOR YOUR REFERENCE

ENTRY DEADLINE - MARCH 11, 2016

FOR FURTHER INFORMATION, PLEASE CONTACT:
Michelle Klis
(705) 272-5888

FAX: (705) 272-5815 E-MAIL: cmha@puc.net

TOURNAMENT FORMAT:

- 1. All players of Bantam and Midget age registered with the C.H.A. or its affiliates will be eligible to play.
- 2. Our tournament is sanctioned by the N.O.H.A.
- 3. All teams playing in the tournament will be guaranteed three (3) games.

TOURNAMENT PLAYING RULES:

All C.H.A., O.H.A. and N.O.H.A. rules are in effect.

Permits to attend our tournament MUST BE OBTAINED FROM THE N.O.H.A. or its affiliates.

First aid will be available at the tournament.

Periods will be 10-10-12 minute stop time periods.

Mercy Rule: If there is a seven goal spread at the beginning of the third period, the third period will be played straight time.

TIE BREAKER RULE:

The tournament shall follow the N.O.H.A. Tie Breaker Rules. Copies of these rules will be available in the tournament office.

GENERAL INFORMATION:

Player cards (including affiliated players and staff) must be presented at registration. The tournament permit must also be presented at registration.

INJURIES:

The Tournament Committee and/or the arena management will not assume liability for any injury to any player or team official participating in the tournament.



COCHRANE MINOR HOCKEY ASSOCIATION INC.

P.O. Box 2038 Cochrane, ON POL 1C0

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e-mail: cmha@puc.net

www.cochranemha.ca

SUBWAY- BANTAM AND MIDGET HOUSE LEAGUE HOCKEY TOURNAMENT REGISTRATION FORM

BANTAM		MIDGET	
TEAM NAME:			
TEAM CONTACT:			
ADDRESS:			
	Street	Town	
PHONE NO:		FAX NO	
E-MAIL ADDRESS:			
ACCEPTANCE:	All teams will	be notified of acceptance.	
have enclosed a cheq	ue or money or	A.R.E. Bantam and Midget Hockey Tourder for \$800.00 payable to Cochrane NOL 1CO. NO gate fees for spectators	
We certify that all play team.	vers are eligible to	participate in this tournament and are reg	gistered to this
TEAM AUTHORIZEI) SIGNATURE:		-
NAME - PLEASE PRI	NT:		-
DATE:			



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SUBWAY BANTAM AND MIDGET HOCKEY ROSTER

	1	Name	Coach	or Trainer #
COACH:				
ASSISTANT COA	СН:			
TRAINER:				
MANAGER:				
SWEATER COLO	OUR:			
	Player #	First Name	Last Name	Date of Birth (yy/mm/dd)



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ACCOMMODATION GUIDE

The Station Inn

Westway Motel Telephone: 272-4285 **Telephone: 272-3500** Facsimile: 272-4429 **Facsimile:** 272-5713

Best Western Swan Castle Inn North Adventure Inn Telephone: 272-6683

Telephone: 272-5200 Reservation Centre: 1-800-528-1234

Facsimile: 272-4299

Thrift Lodge Chimo Motel

Telephone: 272-4281 Facsimile: 272-4230 Telephone: 272-6555 Facsimile: 272-5666