



Salmon Arm Minor Hockey Association

Subject: S.A.M.H.A. Tournament Application Instructions:

Please find a tournament schedule, registration form and team roster enclosed. For each tournament you wish to apply for, please mail a separate registration and team roster as soon as possible. Also include a separate cheque made out to either "Salmon Arm Minor Hockey Association", or S.A.M.H.A.

Please mail your completed tournament application form(s) and cheque(s) to S.A.M.H.A. or Salmon Arm Minor Hockey Assoc. Full payment must be received before any team is considered for acceptance. Note that a separate cheque and application form must be completed for each tournament you are applying for.

Completed application form(s) and cheque(s) are to be mailed to:

SAMHA Administrator, P.O. Box 2323, Salmon Arm, BC V1E 4R3

Once we have received your application and payment, we will confirm your entry. Please note that only the Hockey Administrator of S.A.M.H.A. can approve and confirm your tournament application form. If a coach or team manager gives you any indication that your application has been or will be accepted, it will not be official until confirmed by our Hockey Administrator.

Thank you very much for your interest expressed in our tournament. We look forward to hearing from you.

Please call or email if you have any questions or concerns.

Yours truly,

Roy Sakaki, SAMHA Administrator

saminorhockey@sunwave.net

Tel: 250 832-0095

**Salmon Arm Minor Hockey Association
Tournament Registration Form**

Tournament: _____ Rep _____ House _____
(please print in block letters)

Team Name: _____

Uniform colours: _____ and/or _____

Registered with C.A.H.A. or A.H.A.U.S.

Branch: _____

Team Manager: _____

Fax: _____ Phone: _____

E-Mail: _____

Mailing address: _____

City: _____ Postal Code: _____

Manager:

Please list all participating players (and alternates) and carded officials on the roster form. Any additions or changes to the roster must be made prior (at least one week) to tournament date. Generally, overage players or player movement down (i.e. Pee Wee to Atom) are not approved by S.A.M.H.A. If tournament officials are not informed of roster changes prior to tournament date, the player may be deemed ineligible.

Selections will be made from registration forms received with cheques attached (no post-dated cheques please). Please make all cheques payable to S.A.M.H.A. Teams withdrawing one month or less from tournament date will be reimbursed only if a paid-in-full team is found as a replacement.

By signing the registration form, the visiting team's association and coaches release the Salmon Arm Minor Hockey Association and all officials associated with the tournament from any liability for any injury or accident which may be incurred by any players or team officials while participating in the tournament, or while traveling to or from the tournament.

Signature of Team Manager: _____ Print: _____

Signature of Team
Coach: _____ Print: _____

Date: _____

Note: Tournaments fill up quickly. Register as soon as possible.

Mail to: SAMHA Hockey Administrator, PO Box 2323, Salmon Arm, BC V1E 4R3

Thank you.

Salmon Arm Minor Hockey Association Tournament Roster Form

Association _____
Team Name _____
Team Colours _____ and/or _____
Division _____ Rep _____ House _____

Player's Full Name	Jersey #
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____
13. _____	_____
14. _____	_____
15. _____	_____
16. _____	_____
17. _____	_____
Alternates:	
18. _____	_____
19. _____	_____
20. _____	_____

Manager: _____ Phone: _____

Coach: _____ Phone: _____

Asst. Coaches: _____

Trainer: _____ CHSP: _____