





Kincardine Minor Hockey Association Archie McMillan Memorial Midget Rep Tournament October 19th-21st 2018

Please find attached an application form for entry into the 2018 Kincardine Midget Rep Tournament. We hope to start the season off early with this tournament by bringing some competitive Midget hockey into the area to be held at the Kincardine Davidson Center. Deadline to register is October 1st, 2018. Registration is not complete until cheque has been received by the tournament director.

- Each team will be **guaranteed 3 games** format to be determined based on number of teams.
- It is open to any Midget Rep team OMHA classification BB and lower.
- Entry fee for the tournament is **\$900.00 per team** payable to Kincardine Minor Hockey Association (KMHA).
- Mail entries to:

KMHA Attention: Tia Trudeau 389 Adelaide Street Kincardine, Ontario N2Z 2W3

- Cheques can be post dated to October 1, 2018.
- Entrance is on a first come, first served basis only, based on the arrival date of the actual cheque, (not by fax, photocopies etc).
- The entry fee includes gate for players, parents, and team officials.
- All tournament information can be found at www.kincardineminorhockey.ca
- This is an OMHA sanctioned tournament.

We strongly encourage you to complete and return the application together with roster and entry fee as soon as possible. We understand the need to get into tournaments early and, therefore, will accept player rosters at a later date. OMHA Approved Rosters must be mailed or emailed prior to attending tournament. Applications are to be received no later than October 1st, 2018. Teams will then be notified of the tournament rules and game schedules.

Yours in Hockey,

Tia Trudeau 705-716-1872(cell) Kin.midgettournament@gmail.com

Kincardine Minor Hockey Association Archie McMillan Memorial Midget Rep Tournament Application Form October 19th-21st 2018

Center, Team name Orange/White):	e, OMHA Classification,	Team Colours (eg. Kincardine Kinucks Midget B -
Orange/Winte).		
Team Contact: E-mail Address: Mailing Address: Phone #:		
		am Roster
Sweater #	Player Name	Signature (only for use at arena if necessary)
Coach: Manager: Assistant Coach: Trainer:		

Please attach your cheque made payable to Kincardine Minor Hockey Association in the amount of \$900