

Clarence-Rockland Adult Ball Hockey Tournament



APPLICATION FORM



Team Name: _____

Team Captain(s): _____

Phone: _____ Email: _____

Address: _____

League location and division currently playing in:

Please note that this is an application for acceptance. Teams will be notified of their eligibility by email as soon as the tournament committee has reviewed their application.

Priority will be given to local Clarence-Rockland community teams.

Division (x):

Intermediate Open Competitive Corporate

Team Roster

(Maximum 10 players + 1 goalie)

	Full Name	Age	M/F		Full Name	Age	M/F
1				7			
2				8			
3				9			
4				10			
5				G			
6							

Please return complete forms to acheff@cihacademy.com. Deadline for all applications is May 1, 2019.