



## Application Form

(Please print or type)

**\*\*Please send Roster with birth years, Application Form and Deposit together\*\***

**Tournament Name/Date :** \_\_\_\_\_

**Team Level ie: (Pewee A /AA)** \_\_\_\_\_

**Team Name and City:** \_\_\_\_\_

**Team Rep Address and Phone:** \_\_\_\_\_

		Name	Address
City	Province/State	Postal/Zip Code	Home Phone #
Business	Phone #	Fax #	Email Address

- 1) **Approximate number of hotel rooms needed.** \_\_\_\_\_
- 2) **Body Checking** \_\_\_\_\_ **No Body Checking** \_\_\_\_\_
- 3) **We will need a copy of your Canadian League Approved Roster or USA Hockey roster. Enclosed** \_\_\_\_\_ **To Follow** \_\_\_\_\_
- 4) **Please send us your travel permit from your association or league prior to Tournament. Enclosed** \_\_\_\_\_ **To Follow** \_\_\_\_\_

**To register on-line visit** <http://www.chehockey.com/>

**Or**

**1-800-461-2161 (English) or 1-855-461-2162 (Français)**

**Head Office**

727 Lansdowne St. W.  
Suite G3  
Peterborough, ON  
K9J 1Z2

**U.S. Office**

PO Box 1932  
Lake Placid, NY  
12946

**Quebec Office**

404 Allee du Sanctuaire  
Mont-Tremblant, QC  
J8E 3L3

**Western Office**

4205 Gellatly Road  
Unit 207  
West Kelowna, BC  
V4T 2K2