

SVMHA Atomic Cup

Tournament Application

Division (Check one): Minor Atom A1 ____ Minor Atom A2 ____ Atom A1 ____ Atom A2 ____
Atom A1 Female ____ Atom A2 Female ____

Tournament Date: November 29, 2019 – December 1, 2019
(Possible Local Teams Games on November 28, 2019)

Team Name: _____

Hockey Association: _____

Coach Name: _____

Assistant Coach(s) Name: _____

Manager Name: _____

Team Jerseys Colours:

Home: _____

Away: _____

Team Contact Information

Name: _____

Email: _____

Phone # (home) _____ **Cell:** _____

Cost of Tournament: \$1,000.00 CAD

Tournament fee can be e-transferred to svmhatomtournament@gmail.com. Please make the password for the transfer "atomic". If you require additional payment options, please send an email or contact Kim Smoley at 204-479-1076.

Fill out the form and team roster and email it to svmhatomtournament@gmail.com. Note that in order to participate in the tournament, an official roster along with travel permit (if required) must be produced prior to your first game. These can also be emailed to svmhatomtournament@gmail.com

Once payment and registration form are successfully received, a confirmation email will be sent.

Teams participating in the tournament are asked to book their rooms, which are being held under SVMHA Atom Cup Hockey Tournament, at the following Hotel:

Holiday Inn South

1-204-452-4747

An email will be sent to all registered teams and schedules will be available at www.stvitalhockey.ca website 3 weeks prior to tournament. Note that teams may be required to play during the day on Friday November 29, 2019.

Roster – Team Name _____

Player name

Player number

1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

7) _____

8) _____

9) _____

10) _____

11) _____

12) _____

13) _____

14) _____

15) _____
