



PARRY SOUND HOCKEY CLUB'S

2015 ANNUAL BOBBY ORR HALL OF FAME CLASSIC

NOVICE/ATOM TOURNAMENT OCTOBER 17,18, 19, 2015

OFFICIAL ENTRY FORM

TEAM NAME: _____

DIVISION: _____

CATEGORY: _____

HOCKEY ASSOCIATION: _____

MAILING ADDRESS: _____

TEAM MANAGER: _____

EMAIL ADDRESS: _____

TELEPHONE/FAX: _____

TEAM COACH: _____

EMAIL ADDRESS: _____

TELEPHONE/FAX: _____

We understand that by signing this entry form, the sponsors of this tournament, the officials, arena management and all concerned with this tournament will not be held liable for injury or accident which may be incurred by any player or team official while participating in, coming to or going from the tournament. we have read and accepted the Tournament Rules and Regulations. We hereby request entry of our team into the **2015 Annual Bobby Orr Hall of Fame Classic Novice/Atom Tournament**.

Entry Fee of \$900 is enclosed.

Parry Sound Hockey Club PO Box 13 Parry Sound ON P2A 2X2

TEAM OFFICIAL: _____

(print name)

(signature)

POSITION: _____

DATE: _____