



**PARRY SOUND HOCKEY CLUB'S  
2014 ANNUAL BOBBY ORR HALL OF FAME CLASSIC  
MIDGET TOURNAMENT DECEMBER 5, 6, 7, 2014  
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 **2014 Annual Bobby Orr Hall of Fame Classic Midget Tournament.**

**Entry Fee of \$900 is enclosed.**

**TEAM OFFICIAL:** \_\_\_\_\_

\_\_\_\_\_

(print name)

(signature)

**POSITION:** \_\_\_\_\_

**DATE:** \_\_\_\_\_