



PARRY SOUND HOCKEY CLUB'S  
2017 ANNUAL BOBBY ORR HALL OF FAME CLASSIC  
Novice/Atom Tournament October 13 -15, 2017  
OFFICIAL ENTRY FORM

TEAM NAME: \_\_\_\_\_

DIVISION: \_\_\_\_\_ Category: BB B CC C DD D

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 **2017 Annual Bobby Orr Hall of Fame Classic Novice/Atom Tournament**.

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

***Parry Sound Hockey Club Attn: BOHF Tournament PO Box 13 Parry Sound ON P2A 2X2***

TEAM OFFICIAL: \_\_\_\_\_  
(Print name)

\_\_\_\_\_  
(Signature)

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

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