

**COMOX VALLEY
Minor Hockey Association**

P.O. Box 3226, Courtenay, B.C. V9N 5N4

cvmhatournaments@gmail.com

2024-2025 REP TOURNAMENT DATES & FEES			
U11 Dev 1	November 8 - 10, 2024	\$1950.00	
U18 Tier 1	October 12-14, 2024	\$1950.00	
U13 Tier 1	October 11-13, 2024	\$1950.00	
U15 Tier 1	November 9-11, 2024	\$1950.00	
U11 Dev 2	December 27-29, 2024	\$1950.00	
U15 Tier 2	January 2-4, 2025	\$1950.00	
U13 Tier 2	January 2-4, 2025	\$1950.00	

*Please mark the appropriate division above with an X,
complete page 2, and submit with BCH Roster and a cheque payable to:*
Comox Valley Minor Hockey Association

I hereby apply for acceptance to the foregoing tournament. I understand that this application does not constitute automatic acceptance into the tournament. If the team is unable to attend the tournament after being accepted, I will notify the CVMHA Tournament coordinator. I understand and agree that if we cancel, we will forfeit our entry fee unless CVMHA can replace our team with another team at which time we would be subject to an administration fee of \$250.00.

In consideration for being accepted to participate in a Comox Valley Minor Hockey Tournament, registration constitutes an acceptance of all the conditions,

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rules, and regulations of the tournament. This also includes that CVMHA assumes no responsibility for accidents or loss of property.

The Coaches and Managers agree to be responsible for promoting true sportsmanship among players, parents, and spectators for your games at all times.

Once you have been notified by the Tournament Coordinator and confirmed into the tournament your payment will be deposited. Cheques for those teams not accepted will be destroyed unless requested otherwise.

We reserve the right to determine which teams are accepted into the tournaments.

If you have any questions, please do not hesitate to contact the
Comox Valley Tournament Coordinator Carmen Costantino
cvmhatournaments@gmail.com

Team Name:	_____		
Town:	_____	Division:	_____
Team Colours:	Home _____	Away _____	
Coach	_____	Phone	_____
Email	_____	Cell	_____
Team Manager	_____	Phone	_____
Email	_____	Cell	_____

<i>CVMHA Office use only</i>			
Application received:	_____	Payment received:	_____ Amount: _____
Accepted _____	Not accepted _____	Waitlist _____	Date notified _____
Date payment cashed:	_____	Returned:	_____