



3rd Annual Rep MD Tournament

Novice through Midget

Fri. Dec. 4th - Sun. Dec. 6th, 2009



TOURNAMENT INFORMATION

NEW MIDGET DIVISION!

**3 Games Guaranteed &
Semi Finals for 8 team Divisions**

Alliance Sanctioned
#10-017

**Awards for Champions & Finalists
AND
Championship Cup!**

**Absolutely
NO GATE FEES!**

Tournament Open to the following Rep MD Divisions:
(Body checking at Minor Pee wee and above)

- ✂ Novice (2002 & 2001)
- ✂ Minor Atom (2000)
- ✂ Atom (1999)
- ✂ Minor Pee wee (1998)
- ✂ Pee wee (1997)
- ✂ Minor Bantam (1996)
- ✂ Bantam (1995)
- ✂ Minor Midget (1994)
- ✂ Midget (1993 & 1992)

GUIDELINES

1. Full Tournament Rules are available at www.blomha.on.ca on the Rep MD Tournament Page
2. All teams must be registered MD teams.
3. All Divisions Minor Pee wee and up will be Body Checking. There will be no Body Checking Novice through Atom.
4. All tournament entry fees must be paid in full before a team is allowed to compete.
5. Teams must play in the division of their eldest player (a team with minor & major atom players must play in major atom). Each team shall have a maximum roster, including 2 goaltenders of 19. Each team shall have a minimum roster, including 1 goaltender of 11. Only MD players from the division below may be used as AP's with the exception of the goaltenders. All AP's must appear on the approved roster and are subject to approval in advance of the tournament by the Tournament Committee.
6. All OHF playing rules shall be enforced. **An Official's decision will be FINAL (no exceptions). A Tournament Organizer will not have the authority to overrule a referee's decision.**
7. Official Approved Rosters & Travel Permits must be submitted by November 6, 2009

- ✂ Entries will be accepted on a first come, first serve basis.
- ✂ Payment can be made by **Cash** or **Cheque** only.
- ✂ Payment processed once accepted.
- ✂ Please make Cheques payable to BLOMHA.
- ✂ **Absolutely NO REFUNDS after November 6th, 2009.**
- ✂ Approved Hockey Canada Rosters & Travel Permits must be submitted by November 6th, 2009.
- ✂ Daytime & Evening Games every day, even Friday.
- ✂ Game Schedule will be forwarded to team contact 2 weeks prior to Tournament.
- ✂ To secure your spot, Please forward your completed Registration Form, Team Roster Form & Payment to:
BLOMHA
Attn: Rep MD Tournament
3455 Fairview St
Burlington, ON
L7N 2R4
- ✂ To contact the BLOMHA office please call 905.637.0731 or email us at Kelly@blomha.on.ca



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REGISTRATION FORM

DIVISION	
TEAM NAME	
CITY & ASSOCIATION	
ASSOCIATION CONTACT	
ASSOCIATION PHONE #	
TIER (Novice Only)	
SWEATER COLOURS	HOME
BODY	
TRIM	
	AWAY
BODY	
TRIM	
TEAM CONTACT	
POSITION	
PHONE NUMBER	
EMAIL	
ALT. PHONE NUMBER	
ADDRESS	
ALT. CONTACT	
POSITION	
PHONE NUMBER	
EMAIL	
ALT. PHONE NUMBER	
ADDRESS	

In signing this form, the signee, on behalf of his/her team, agree to waive, indemnify and hold harmless BLOMHA and all sponsors of the tournament for any loss or injury incurred by any player or team official while participating in said tournament. The signee acknowledges and agrees that BLOMHA reserves the right to use any photographs or videos taken during the tournament for advertising contained herein.

Signature: _____

Date: _____

TOURNAMENT USE ONLY

Rec'd: _____

Chq. Name: _____

Chq #: _____

Chq. Date: _____

Date Accepted: _____

Chq. Deposited: _____

FEE: \$700
 CHEQUES: BLOMHA
 MAIL TO: Rep MD Tournament
 3455 Fairview St.
 Burlington, ON
 L7N 2R4
 PHONE: 905.637.0731
 EMAIL: Kelly@blomha.on.ca



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TEAM ROSTER FORM

*An Approved Hockey Canada Roster must be submitted by Friday, November 6th, 2009

TEAM NAME	
DIVISION	
ASSOCIATION	

PLAYERS NAME	SWEATER #	BIRTH DATE (MMM-DD-YYY)
1. GOALIE		
2. GOALIE		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		

*Please indicate with a star your AP's if any or attach a separate sheet with AP's, Thank You.

HEAD COACH	CERT #
ASS'T COACH	CERT #
ASS'T COACH	CERT #
ASS'T COACH	CERT #
TRAINER	CERT #
MANAGER	CERT #