

60th Annual Mitchell Minor Hockey Pee Wee Tournament

Dear Manager/Coach:

This letter serves as an invitation to our 60th Annual Pee Wee Hockey Tournament to be held on November 12, 13, 14 & 15 2015 in Mitchell, Ontario. Please note, the tournament will start Thursday night for a few local teams then again the balance of the teams will start Friday am. Local League teams will start Friday night with some of the local teams with the balance of the Local League teams playing their 1st game Saturday am. Games will be played in both Mitchell and Monkton arenas.

The tournament format consists of four divisions **32 teams total.** Groupings for teams with an OMHA or equivalent classification of **BB**, **B**, **CC** (Flames), **C**, **DD**, **& D** (Leafs), **AE3**, **AE4** & **AE5** (Oilers) and **Local League** (Hawks), each team is guaranteeing three round robin games. After the round robin semi-finals will be played for your division. **Followed by the 4 division finals.**

All teams are guaranteed 3 games, **16 teams play 4 games** and **8 teams will play 5 games**. **All games are 10-10-15**. No other tournament will offer this much hockey for the entry fee of **\$675 gate included**.

Awards will be awarded to the division Champions & Runner-up teams.

A hot meal will be supplied to players & team officials.

Note: This tournament is sanctioned by the O.M.H.A. Your <u>approved players'</u>, <u>coaches'</u> <u>& trainers'</u> roster must be presented prior to your first game, otherwise they will be considered to be ineligible to play.

Please submit the attached tournament roster sheet with a cheque to the undersigned prior to October 15, 2015. No post-dated cheques will be accepted. Cheques should be made payable to **Mitchell Minor Hockey.**

Mail to: Jack Chaffe RR# 5 Line 39 # 5736 Mitchell, Ontario NOK 1NO

Should you have any questions, please feel free contact me @ **519-348-4607** or by email <u>idchaffe@quadro.net</u>

Yours in hockey,
Jack Chaffe
Jack Chaffe
Tournament Chairperson

TOURNAMENT SIGNATURE SHEET

Centre:	OMHA (Category:	
Team Name:			
Sweater Colour:	1	2	
Please print players' nam Signatures are NOT to be		ONLY. gistration at TOURNAMENT.	

PLAYERS' NAME (last name, first name, initial)	SWEATER #	POSITION C or A	SIGNATURE

POSITION	PLEASE PRINT	NUMBER	SIGNATURE
COACH	NCCP	#	
	PRS #	!	
TRAINER	НТСР	#	
	PRS #	!	
MANAGER	PRS #	!	
ASS'T. COACH	NCCP	#	
	PRS #	•	
ASS'T TRAINER	NCCP	#	
	PRS #	•	
ASS'T TRAINER	нтср	#	
	PRS #		

Manager name
Res. Phone
Cell phone
e-mail address
Head Coach name

Team Contact Information

Team Name:

Res. Phone

Cell phone

e-mail address