



www.mitchellminorhockey.com

59th Annual Mitchell Minor Hockey Pee Wee Tournament

Dear Manager/Coach:

This letter serves as an invitation to our 59th Annual Pee Wee Hockey Tournament to be held on November 7, 8 & 9, 2014 in Mitchell, Ontario. Please note, the tournament will start Friday morning for the rep teams and Saturday the 8th for Local League teams to accommodate ice time. 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 **\$650 gate included.**

Local League division will play Saturday the 8th and Sunday the 9th, other division will play all 3 days (Nov. 7, 8 & 9).

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 approved players', coaches' & trainers' 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, 2014. 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 jdchaffe@quadro.net

Yours in hockey,

Jack Chaffe

Jack Chaffe
Tournament Chairperson

TOURNAMENT SIGNATURE SHEET

Centre: _____ OMHA Category: _____

Team Name: _____

Sweater Colour: 1 _____ 2 _____

Please print players' names on the **LEFT** column **ONLY**.

Signatures are **NOT** to be entered until official registration at **TOURNAMENT**.

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

POSITION	PLEASE PRINT	NUMBER	SIGNATURE
COACH		NCCP #	
		PRS #	
TRAINER		HTCP #	
		PRS #	
MANAGER		PRS #	
ASS'T. COACH		NCCP #	
		PRS #	
ASS'T TRAINER		NCCP #	
		PRS #	
ASS'T TRAINER		HTCP #	
		PRS #	

Team Contact Information

Manager name

Res. Phone

Cell phone

e-mail address

Head Coach name

Res. Phone

Cell phone

e-mail address