



www.mitchellminorhockey.com

62nd Annual
Mitchell Minor Hockey
Pee Wee Tournament
November 10th, 11th and 12th 2017

Dear Manager/Coach:

This letter serves as an invitation to our 62nd Annual Pee Wee Hockey Tournament to be held on November 10, 11, & 12 in Mitchell, Ontario. The tournament will start Friday am with rep & ae teams, Local League teams will start playing their 1st game later on Friday. Games will be played in both Mitchell and Monkton arenas.

The tournament format consists of four divisions with a total of **32 teams**. 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). Semi-finals and finals will be played after the round robin is complete.

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 **\$700 gate fee included**.

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

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

For hotel information please email: mmhpeewetourny@gmail.com

Note:

This tournament is sanctioned by the OMHA / WOAA. **The OMHA Approved Tournament Travel Permit must be provided with the registration form. Approved OMHA Roster must be provided ASAP with final roster to be provided 1 Hour prior to the first game.** Players and bench staff not on the approved roster will be considered ineligible to participate in the tournament.

Please submit the attached tournament roster sheet with a cheque to the undersigned prior to October 12, 2017. No post-dated cheques will be accepted. Cheques should be made payable to **Mitchell Minor Hockey**.

Mail to:
Karl Terpstra
RR# 1
Line 44 #6492
Bornholm, Ontario
NOK 1A0

Should you have any questions, please feel free contact me at **519-347-9977** or **519-275-0299** or by email mmhpeewetourny@gmail.com

Yours in hockey,
Karl Terpstra



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Registration Form

Mitchell Minor Hockey

Pee Wee Tournament - 2017

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CENTRE: _____ OMHA CATEGORY: _____

TEAM NAME: _____

TEAM COLOURS: HOME _____ AWAY _____

Contact information

MANAGER NAME: _____

ADDRESS: _____

CELL PHONE: _____ HOME PHONE: _____

E-MAIL: _____

Signature

HEAD COACH NAME: _____

ADDRESS: _____

CELL PHONE: _____ HOME PHONE: _____

E-MAIL: _____

Signature

Note: Acceptance of a team entry releases the Tournament Committee and officials and anyone connected with the Tournament from any liability for injury or accident incurred by a player or Team Official while attending or participating in the Tournament.

**TOURNAMENT ROSTER SHEET
(For Tournament Program Only)**

Team Name: _____

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

POSITION	PLEASE PRINT
COACH	
ASS'T. COACH	
ASS'T. COACH	
MANAGER	
TRAINER	