



*Port Hope Minor Hockey
Beaver Athletic Association Inc*

P.O. Box 243, Port Hope, Ontario, L1A 3W4, Tel/Fax: 905-885-4727

Tournament Application Form

Date of Application: _____

Team / Sponsor: _____

Manager: _____ Phone: _____

Head Coach: _____ Phone: _____

Date of Tournament: _____

Location of Tournament: _____

Length of Tournament: _____

Cost of Tournament: _____

Tournament Approval

Permission: Granted Denied

BAA Ice Scheduler or Delegate: _____ Date: _____

BAA President: _____ Date: _____

Copy to: BAA Secretary, BAA Ice Scheduler, League Director

**Application must be submitted and approved prior to registering
for the tournament.**

**Any ice time not used while attending a tournament will be
considered surrendered and will not be re-scheduled.**