



U9 Candy Cup Hockey Tournament Registration Form

1. Team Information

- Team Name: _____
- Association/Club: _____
- Tier/Level (A, B, C, House, etc.): _____
- League Affiliation: _____
- Team Contact Person: _____

2. Coach / Manager Contact Details

- Head Coach Name: _____
Phone: _____ Email: _____
- Manager Name: _____
Phone: _____ Email: _____

3. Player Roster Information

- Number of Players on Roster: _____
- Player Roster to be forwarded along with final payment by February 1, 2026 including Player Names, Goaltenders, & Jersey Numbers. (epp.allison@hotmail.com)
- Team logo to be forwarded by February 1, 2026 (epp.allison@hotmail.com)

4. Payment Details

- Registration Fee (\$700) due in full prior to February 1, 2026
- \$200 non-refundable deposit due at time of registration
- Payment can be made via E-Transfer to ldbminorhockey@outlook.com please include Team Name and Tier (i.e. U9B, U9C) in Memo section



5. Tournament Policies & Acknowledgments

By signing below, the team representative agrees to the following:

- Abide by all Hockey Manitoba / Hockey Canada rules.
- Support fair play and sportsmanship.
- Accept liability waiver (injuries, lost items, etc.).
- Acknowledge refund policy if team withdraws.

Signature: _____

Date: _____