



## 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](mailto:epp_allison@hotmail.com))
- Team logo to be forwarded by February 1, 2026 ([epp\\_allison@hotmail.com](mailto: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](mailto: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: \_\_\_\_\_