



IP / NOVICE JAMBOREE

TEAM NAME				
ASSOCIATION				
DIVISION	INITIATION		NOVICE	
CATEGORY	IP1	IP2	NOVICE 1	NOVICE 2

CONTACT NAME	
ADDRESS	
CITY	
POSTAL CODE	
HOME #	
WORK #	
CELL #	
E-MAIL (Required)	

** By signing this form, the Team Manager on behalf of his/her team releases any sponsors of the above mentioned tournament, its officials, arena management and all concerned with the tournament, from any liability for any injury or accident which may be incurred by any players or team official while participating in, or coming to, or going from, the tournament and accepts all decisions of the tournament committee as final.

Make cheques payable to:

RIVERVIEW MINOR HOCKEY CLUB
 P.O. BOX 7028
 RIVERVIEW, NB
 EIB 4T8

IN THE AMOUNT OF \$275.00 (IP) OR \$400.00 (NOVICE)

TEAM MANAGER/OFFICIAL

SIGNATURE: _____ DATE: _____

