



DISNEY XD RINK RATS FESTIVAL APPLICATION FORM

Atom Houseleague and Local League Teams are invited to participate in the Disney XD Rink Rats Hockey Festival.

This Day will be packed with hockey and many special events for everyone in the family.

DATES: Saturday February 8th, 2014

TIMES: 8:00 am to 8:00 pm

LOCATION: Magna Centre, Newmarket, ON. DIVISIONS: Atom House/Local League teams

ENTRY FEE: \$200 (plus HST)

Notes:

- 1. The 2014 Disney XD Rink Rats Hockey Festival is open to Atom Houseleague and Local league teams.
- 2. Each OMHA team MUST have a Certified Coach and Certified Trainer as per OMHA regulations and be able to provide an OMHA Approved Roster from their association. This must be submitted by January 24th, 2014.
- 3. The objective of the weekend is to compete against other teams in a safe and fun environment.
- 4. The Disney XD Hockey Festival format:
 - Three game round robin
 - 30-minute run time, one intermission at the 15 minute mark
 - Each team will play a minimum of three and maximum of five games during the event
 - Round Robin results will determine Play-off rankings
- 5. Each team is eligible to send a maximum of five participants to the Skills Competition.
- 6. Additional information can be found on www.omha.net.

PRIZES, INTERACTIVE GAMES AND MORE:

- FREE Skills Competition for players.
- FREE Interactive games including shooting games.
- All special events are for participating teams, family members and friends

PARTICIPANT GIFTS - Each Participant Receives:



Disney XD Backpack



Disney XD Toque



Disney XD Survival Bracelet



Disney XD Festival Medallion

Plus many more gifts from Disney XD!

ROSTER

TEA	M NAME:		ASSOCIATION:			
Plea	se print clearly					
	Player Name (Last Name, First I	Name)	Jersey Number	Phonetic Pronunciation		
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2						
3						
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6						
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17						
18						
19						
Tear	m Officials (Each Team MUST have	e a Certified Coach and a	Certified Trainer)			
Coad	ch					
Trair	ner					
Man	nager					
Asst	. Coach					
Asst	. Trainer					
Tear	n Contact Information					
Name:		Add	lress:			
City:	Post	al Code:	Email:			
Ph(d	l):	Ph(n):	Fax:			
Alte	rnate Team Contact Information					
Nam	ne:	Email:				
Ph(d	I):	Ph(n):	Fax:			

TEAM ENTRY FORM

TEAM NAME				ASSOCIATION							
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W	N			Jersey 1							
						Jersey 2 (if applica	ble)				
Amount Payable: \$200 (plus HST)											
Total Amount Enclosed:											
Payment Method:											
Cł	neque	□ c	ash	VISA		Mastercard					
Credit Card #:Security						Code:	Expiry (N	1M/YY):			
Cardh	older's	Name:					Signature	:			
NSF cheques will be subject to a \$25.00 NSF Fee											
Cheques Payable to:											
Ontario Minor Hockey Association											
Forwa	ırd pay	ment to) :								
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<mark>Subm</mark>	it Com _l	oleted F	Registra	tion Forms	to:						

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