



**Tournament Entrance Fee Request Form**

**Division:** \_\_\_\_\_

**Team Name:** \_\_\_\_\_

**House or Rep:** \_\_\_\_\_

**Division Head:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Tournament Location:** \_\_\_\_\_

**Tournament Date:** \_\_\_\_\_

**Entrance Fee Amount: \$** \_\_\_\_\_

**Cheque Payable to:** \_\_\_\_\_

**Call or email division head for pick-up:** \_\_\_\_\_

**Notes:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

**Please email entrance fee request form to:**

[1stvice@terraceminorhockey.ca](mailto:1stvice@terraceminorhockey.ca)