Port Moody Amateur Hockey Association

U7/U9 Wade MacLeod Memorial Tournament
Port Moody Recreation Centre

DATES: March 12th – March 15th, 2027

LOCATION: Port Moody Recreation Centre – 300 Ioco Road, Port Moody, BC (Games will be played on both the NHL rink and the Olympic rink – half ice)

FEES: **$1100 Upon receiving acceptance to the tournament**,

Cheque: Mail to: PMAHA U7/U9 Tournament – 2027
PO Box 31109
3215 St. Johns Street
Port Moody, BC V3H 231

E-Transfer: please send Interac transfer to tournaments@pmaha.com and in the MEMO section please put your division U7 or U9 and your Team and Coaches name. **Note: Make the password for e-transfers "Tournament"**

TEAM ROSTER: Maximum 19 players including goalies. Please list all participating players officials on the Roster Form.

DEADLINE: December 31, 2026

ACCEPTANCE: **Registration does not guarantee acceptance, you will be notified by email within one week of the deadline ending whether or not your team has been accepted.**

CANCELLATION: Teams canceling after they have been accepted will be subject to the following

1. $500 non-refundable administration fee and one of the following:

   a.) If less than 60 days' notice up to ½ of the remaining registration fee after the administration fee is taken:

   b.) No refunds 30 days prior to the tournament unless a replacement team can be found then A applies.

Port Moody Amateur Hockey Association (PMAHA)
U7/U9 Wade MacLeod Memorial Tournament

March 12th – 15th, 2027
Port Moody Recreation Centre

Sanction Permit Number: 2026-2027-4116

Registration Form

Registration Fee - $1800.00

Please indicate the Division your team will be entering:

Please indicate your team's division:
☐ U7 Minor
☐ U7 Major
☐ U9 Minor
☐ U9 Major

(Please mail cheque to:
PMAHA Initiation Tournament – 2026
PO Box 31109, #8–2929 St. Johns St.
Port Moody, BC V3H 2C2

Association:
_____

Team Name (include A1,A2):
_____

Team Manager: _____ E-mail: _____

Phone: _____

Head Coach: _____ E-mail: _____

Phone: _____

Once accepted, we will require an official league roster and Tournament Permission Number. Both must be submitted no later than 14 days before your first game (if your team is not a Pacific Coast Member then a letter from your association will be required).

The Tournament can hold a maximum of 16 teams with the number in each pool yet to be determined. PMAHA reserves the right to not accept applications due to an imbalance in the pool structure.

By signing this registration form, the team manager and coaches release the Port Moody Amateur Hockey Association (PMAHA) and all officials and volunteers associated with the tournament from any liability for injury or accident which may be incurred by any player or team official while attending or traveling to, or from, the tournament.

Signature of Team Manager: _____

Signature of Team Coach: _____

Date: _____