



# PACIFIC CUP TOURNAMENT MEN'S REGISTRATION FORM

<https://leagues.carhahockey.ca/pacificcup/home>  
JANUARY 17-19, 2025, VICTORIA, BC

**\$1200**

Team Name: \_\_\_\_\_ Age Div.: \_\_\_\_\_

Contact: \_\_\_\_\_ League Name: \_\_\_\_\_

City: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (w) (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Alt. Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Past Tournaments Entered \_\_\_\_\_ Division \_\_\_\_\_ Record \_\_\_\_\_

Past Tournaments Entered	Division	Record

List 2 Teams Your Team Plays Equal To

1 \_\_\_\_\_

2 \_\_\_\_\_

List 2 Teams Your Team Loses To

1 \_\_\_\_\_

2 \_\_\_\_\_

PLAYER LEVEL GRID	
Highest level attained in organized hockey.	
Professional .....	10
Major Jr. A (CHL) / NCAA Div. 1 .....	8
Jr. A. (Tier 2), Jr. B. / NCAA Div. 2 or 3 .....	6
Elite Minor (AA/AAA Travel).....	5
Competitive Minor (A) / High School / Jr. C .....	4
House League Minor .....	3
Only Adult Rec (5+ yrs) .....	2
Only Adult Rec (<5 yrs) .....	1

**All participating players acknowledge that there is a risk of being injured when playing the game of hockey.**

PLAYER PROFILE (Please refer to the Player Level Grid above for player level category)					
Player Name	Age	Level	Player	Age	Level
1 _____			10 _____		
2 _____			11 _____		
3 _____			12 _____		
4 _____			13 _____		
5 _____			14 _____		
6 _____			15 _____		
7 _____			16 _____		
8 _____			17 _____		
9 _____			18 _____		

Due to the nature of the tournament, all participating players must be current CARHA Hockey members. Players may register as a CARHA Hockey member prior to the tournament to become eligible for play. All players will be required to sign a COVID-19 related waiver.

Form must be submitted with a \$300.00 deposit for your team to be put on the tournament schedule. Fees are transferable (\$50 administration fee will apply). Teams cancelling 6 weeks or less prior to the start of the tournament will forfeit their deposit.

<b>PAYMENT METHOD:</b>	<input type="checkbox"/> Cheque/ Money Order enclosed (payable to CARHA Hockey)	Payment Amount _____
	E-transfer to payments@carhahockey.ca (using <b>hockey</b> as the password)	
	VISA    MC    CARD # _____	Expiry Date _____    CVC# _____
	Card Holder (PLEASE PRINT) _____	Signature (AUTHORIZATION) _____

**I would like to receive CARHA Hockey Newsletters!    Yes                  No                  (You can change your preferences at any time)**

CARHA Hockey is a not-for-profit organization that provides its members with flexible and cost-effective options for comprehensive insurance coverage. All benefits available under the CARHA Hockey insurance protection program are subject to the actual terms and conditions of the insurance policy in force during the period of membership. Insurance procured and provided by CARHA Hockey may not cover all potential losses, damages or injuries that a player might sustain playing hockey. The coverage offered by CARHA Hockey is reasonable in the circumstances given its financial resources and any additional coverage would be unavailable or cost-prohibitive. All members are responsible for ensuring that their insurance coverage is suitable in their own specific circumstances. The information contained herein highlights the CARHA Hockey insurance protection program but does not create or confer any contractual rights and the benefits available during the period of membership may vary based on market conditions and benefit availability. If there is any question of interpretation all rights and benefits will be governed by the terms of actual terms and conditions of the insurance policy in force during the period of membership. CARHA Hockey reserves the right to amend, substitute or revoke any or all of the benefits available under the CARHA Hockey insurance protection program without notice in its sole discretion.



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