

Haliburton County
Home Builders Association

BOX 299, HALIBURTON, ONTARIO K0M1S0
705-457-6901; (fax) 705-457-3436
www.hchba.ca



14th Annual Hockey Tournament

PLEASE NOTE:

The following divisions will be available as long as there are a minimum of FOUR teams registered in that division; Home Builder, Ladies, Over 35, Over 50 and Open.

Thank you for all your comments and requests and we appreciate your continued support. This tournament has been built on team spirit and competition.

The food banks in Haliburton County continue to be our charity of choice. They are most appreciative of our twelve years of donations to their very important work.

We look forward to receiving your application and thank you in advance for your support.

Sincerely,

Aggie Tose
Executive Officer
H.C.H.B.A



14th Annual Hockey Tournament

We are pleased to announce the 14th Annual Hockey Tournament.

PLEASE NOTE:

1. There will be up to FIVE divisions;
Home Builder, Ladies, Over 35, Over 50, Open Divisions.
2. This is a non contact tournament and this rule applies in ALL divisions.
3. Players can only play in one division.
4. **Complete application & return with payment. \$50.00 late fee after Jan. 1, 2012.**
5. All cheques will be held until the completion of the first game, they can be exchanged for cash **PRIOR** to the **second game**.

Tournament Schedule:

- DATE:** January 27, 28 & 29, 2012
- PLACE:** Dysart Community Centre (Haliburton arena)
Lloyd Watson Community Centre (Wilberforce arena)
- FEE:** \$600.00 per team (in advance)
VISA & MasterCard accepted (by fax to 705-457-3436)
Cheques - Payable to HCHBA
Returned to Box 299, Haliburton K0M 1S0
- PRIZES:** Division winners, Skills Competition
- REFRESHMENTS:** A licensed bar upstairs at the Haliburton arena.
- DANCE:** Music on both Friday & Saturday nights

For more information please contact:

Aggie Tose
705-457-6901
aggietose@gmail.com

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Team Application

TEAM NAME _____

DIVISION _____

CONTACT _____

ADDRESS _____

PHONE (DAYS) _____ (NIGHTS) _____

EMAIL _____

PAYMENT Cheque _____ Card Expiry _____

 Visa / MC # _____

 Card holder name _____

 Card holder signature _____

Please make note of any scheduling requests. We will not guarantee any of your requests but we will make every attempt prior to the final schedule.

No requests will be accepted verbally or after the final schedule has been set.
