



# AFHA 'GIRLS WITH GOALS' HOCKEY TOURNAMENT

## Team Application Form



**Please select the Tournament for this application:**

- OCTOBER 11 – 14, 2024** U15, U18 House and Rep  
 **NOVEMBER 1- 3, 2024** U11, U13 House

Team Name	Region / Association	
Contact Name	E-mail	
Mailing Address	City/Prov/State	Postal Code / ZIP
Phone (best)	Phone (alternate)	
If Rep: Please indicate your Tier (2, 3 or 4)	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
If Rec: Please indicate if your team is tiered <input type="checkbox"/> Tiered <input type="checkbox"/> Not Tiered	If tiered, what level/flight: _____	
Did you play in the Girls with Goals Tournament in 2023?	<input type="checkbox"/> Y <input type="checkbox"/> N	

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

Applications are not considered received until \$400 non-refundable deposit is e-transferred to [treasurer@abbotsfordfemalehockey.com](mailto:treasurer@abbotsfordfemalehockey.com). Please contact the Tournament Director for alternate payment options.

If you have any questions or concerns while filling out your application, please email Tournament Director, Jen Graham at [jen.graham@abbotsfordfemalehockey.com](mailto:jen.graham@abbotsfordfemalehockey.com).

For AFHA Use Only <input type="checkbox"/> Application Fee Received <input type="checkbox"/> New Team <input type="checkbox"/> Returning Team
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