Southdale Oldtimers Hockey League (SOHL) 2024 Good Times Tournament March 18 - 24 2024

Game Nights: Monday March 18, Wednesday March 20, Friday March 22 & Sunday March 24

Complimentry Food, pizza night on Wednesday, Celebration on Sunday in MPR room till 12 PM!

Entry fee is \$80.00/player:

| Please Print (INCOMPLETE OR ILLEGIBLE FORMS WILL NO | OT BE PROCESSED) |
|--|--|
| Name: | Age: (39 & over) |
| Address: | Player Position: |
| Cell Phone #: | E-Mail: |
| League member (Yes / No) (if No, League member contact) |): |
| Send or drop off applicatio | ns (with cheque or cash) to: |
| Michael Bockstael, 75 Handyside Ave, Winnipeg, MB, 204-451-0258 | |
| Make cheques payable to: SOHL | (No postdated cheques accepted) |
| Note to Applicants | |
| SOHL & previous tournament participation. Applications ar | to players currently 39 years of age or older. Tournament te applications are received, previous applications to join the nd cheques not processed for the tournament will be destroyed is not considered as received unless it is accompanied with |
| Applications will be acce **All SOHL Members submitting applica General Release, Waiver and Identification Agreement: | epted until March 6, 2024 tions after March 1st will be on spare list.** |
| I,, a participant | in the SOHL Good Times Tournament for good and |
| valuable consideration hereby agree to release and indemnify, a Recreation Association and players in the SOHL Good Times T all actions, losses, costs, charges, damages and expenses which be put to by reason of the performance of their lawful authorized positions in the said league, or anytime in any matter relating to I further acknowledge that I understand that even Oldtimers Hothat I have personally accepted that risk and forever release the | ournament and anyone acting on their instructions against ch I or my estate may at anytime hereafter sustain, suffer or d duties as members of the executive of, or by virtue of their of the SOHL Good Times Tournament. ckey carries with it the risk of injury, and I hereby acknowledge |
| Full Name (Print) | |
| | |

Date rec.d: ____ Chq amt: ____ Cash: ____