



Relay for Life - Ball Hockey Tournament

2016 Invitation

Hello,

We would like to invite you to participate in a ball hockey tournament being held at the arena in Petit-Rocher to the benefit of the Relay for Life. The tournament will take place the 21st and 22nd of May. We will only accept a maximum of 16 teams. In the event of a surplus of registrations or interested teams, the first 16 to have paid the required deposit and submit their completed registration form will be accepted.

Since the event is for the benefit of the Relay for Life, teams are asked to raise funds for the cause. It is suggested that each player registered raise \$100. A raffle will be held during the tournament with prizes from our sponsors and for each \$100 raised a player will receive 2 tickets for the raffle, if the team raises over \$1,200 each team member will receive a ticket in the raffle in addition to individually earned tickets.

Teams will be separated into divisions based on skill level from the completed registration forms. It is therefore important that the time is taken to fill out the form correctly. There will be three divisions: Elite – Recreational – Women's.

Furthermore, there will be prizes for the championship teams, top scorers and top goal scorers of their respective divisions.

Registration fees will be \$250 per team. Registration is open to men, women and co-ed teams. Teams can contain a maximum of 14 players (including the goaltender). **The registration deadline is May 15th, 2016.** In order to reserve your spot register as soon as possible.

Teams that wish to participate must send their deposit and completed registration form prior to the May 15th, 2016 deadline. The balance will be due prior to the team's first game.

For additional information you can contact M. Marc Savoie at 506-787-0441 or by email : msavoie@ccballhockey.com;

We hope that you are able to join us for this great event by registering a team.

Marc Savoie
Organizer
www.ccballhockey.com



Relay for Life - Ball Hockey Tournament

2016 Invitation

1. Registration Fees

Registration fees are \$250 per team. Since spots are limited it is important to notify us of your intention to participate prior to the May 15th, 2016 deadline. Each team is guaranteed to play three (3) games with the top teams in the standings following these games facing each other in a single elimination playoff to crown the champions for each division.

2. Divisions

Divisions will be created based on information provided in the registration forms completed by teams participating in the tournament. The goal is to ensure that teams in each division are of equal caliber, it is therefore important to accurately fill out the registration forms.

3. Rules

- a) A minimum of six (6) players must be ready at the start of each game (including the goalie) in order for the game to start.
- b) A team's roster will be limited to a maximum of fourteen (14) players, including the goaltender. No roster changes will be allowed following the first game.
- c) The organizing committee reserves the right to ask for personal identification confirming a player's age.
- d) Games will consist of 2 (two) periods of twenty (20) minutes run time.
- e) During the last two (2) minutes of a game if the score differential is 2 goals or less stop time will be in effect. This will stay in effect until the end of the game as long as such a differential exists.
- f) If after two (2) periods of regulation time, during an elimination game, the score is tied the following will ensue:

4 on 4. plus goalies for 5 minutes

If the game is still tied after the overtime period :

The teams will take part in an NHL style shootout. Each team will select three players to begin the shootout. If, after the first three shooters, the game is still tied then each team will select a new shooter one at a time until a team emerges victorious. A player cannot make a second shootout attempt until each player from his team has shot at least once. The same applies for third, fourth, fifth etc. attempts.

- g) In the event of a tie in the standings after the initial three games teams will be ranked based on the following:

- i. The team with the most wins
 - ii. Differential of goals for and goals against
 - iii. If teams have played each other, the team that won that game will be ranked ahead of the other
 - iv. The team with the most goals for
- h) All minor penalties will be two (2) minutes in length. All major penalties will result in the player being expelled from the game and the infringing team will have to send another player to the penalty box to serve the entire five (5) minutes of the penalty.
- i) The following rule violations and actions will result in that player's immediate expulsion from the tournament :
 - i. Fighting
 - ii. Throwing of punches
 - iii. Throwing of kicks
 - iv. Sparring/Butt-ending
 - v. Intent to injure, intentional injury
 - vi. Deliberate boarding
 - vii. Violent slashing (as judged by the referee, intent to injure will be considered)
 - viii. Gross misconduct
- j) Slapshots where the windup or follow-through are above the waist will not be permitted. A stoppage will automatically ensue with the face-off coming in the offending team's zone. If the stoppage is a result of a shot towards the opposing team's net a minor penalty will be imposed
- k) Body-checking is prohibited and will result in a minor or major penalty depending on the severity of the infraction.
- l) Teams are allowed one time-out each per game.
- m) The organizing committee reserves the right to make the final call and without notice on all unforeseen matters.**

4. Other Rules

- a) The tournament organizers disclaim all responsibility for accidents, injury, theft or damage that may occur to any player(s) or team(s).
- b) The tournament organizers reserve the right to refuse a team's registration.
- c) Dressing rooms will be made available to teams thirty (30) minutes before a scheduled game. We ask that teams ensure they leave the dressing rooms thirty (30) minutes after each game.
- d) If for whatever reason a team does not show up for a scheduled game, the opposing team will win the game by default. (2 to 0, 1 goal for each period).
- e) Each team is required to bring their own jerseys or shirts. It is important that the shirts are numbered and each player wears the same number throughout the tournament in order to accurately keep the statistics.
- f) In the event opposing teams have the same colour of shirts, pinnies will be provided to the away team as designated by the schedule.
- g) Players must be **at least 18 years old** to participate in the tournament.

5. Forms to Complete

Teams must fill provide the following information prior to May 15th, 2016

- Registration form and list of players
- Registration fee of \$250 or deposit of \$50

Teams should also pay attention to the final three sheets included in the registration package as these will be required to account for the funds raised by the team.

6. Information & Registration

Marc Savoie
 24 Duncan St.
 Campbellton, NB
 E3N 2K4
 506-787-0441
 msavoie@ccbballhockey.com

10 years of
celebrate remember fight back
www.relayforlife.ca



May 21st and 22nd of 2016

Player Registration (This form must be accompanied by a \$250 payment or a \$50 deposit. Teams registering with a deposit must pay the outstanding balance prior to their first game).

Rosters will consist of maximum 13 players and 1 goalie.

Team Name:	Community Represented:
Contact Person:	If only one set of sweaters, what colour :
Address:	Tel No: H: W:
City/Town:	Fax: Cell:
Prov Postal Code:	E-mail:

Level = Highest level of hockey played (ex. University, junior, senior etc.)

First Name	Last Name	Level	E-mail Address	Age
G				
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11				
12.				
13.				

I hereby declare that the above information is correct and that our hockey club will not hold the tournament, organizers or arenas concerned responsible for any injury(ies) or personal loss(es) during the tournament.

Official Team Representative

Deadline for Registration is May 15th, 2016

Make cheque payable to the Campbellton-Chaleur Ball Hockey Association and mail registration to:

24 Duncan St.
Campbellton, NB
E3N 2K4
(506) 787-0441

msavoie@ccbhallhockey.com

Register Now!! We only have room for 12 teams. For additional information www.ccbhallhockey.com

Register Online
www.relayforlife.ca
It's Fast, It's Easy, and It's Secure



Inscrivez-vous en ligne
www.relaispourelavie.ca
C'est rapide, facile et sûr

Relay For Life – Team Log

Relais pour la vie – Registre de l'équipe

ATTENTION TEAM CAPTAINS: please complete the contact information below for all team members and collect the **\$10 registration fee from each team member**. You may pay by credit card, cheque or cash. Make cheques payable to the Canadian Cancer Society.

ATTENTION CHEFS D'ÉQUIPES : veuillez fournir les informations ci-dessous pour tous les membres de l'équipe et recueillir le frais d'inscription de **10 \$ de chaque membre de l'équipe**. Vous pouvez payer par carte de crédit, chèque ou comptant. Chèques payables à la Société canadienne du cancer.

Total registration fees enclosed/Total des frais d'inscription inclus \$ _____

Team Captain/Chef d'équipe

First Name/Prénom _____ Last Name/Nom de famille _____

Address/Adresse _____

City/Ville _____ Province _____ Postal Code/code postal _____

Home Tel./Tél. dom. (_____) _____ Bus Tel./Tél. bur. (_____) _____

E-mail/Courriel _____

Company Name/Nom de la compagnie _____

Team Name/ Nom de l'équipe _____

Team Goal/Objectif de l'équipe :	\$
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PLEASE COMPLETE WAIVER FORM ON REVERSE SIDE
VEUILLEZ SIGNER LA DÉCHARGE DE RESPONSABILITÉ AU VERSO

Team Members/Membres des équipes (First and last name)/(prénom et nom)	Survivor (Y/N) Survivant(e)	Telephone Number Numéro de téléphone	Email Address Courriel	\$10 Paid? (Y/N) 10\$ remis
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

Important Notes:

✓ Once the \$10 Registration fee has been collected from all teams members, please return the completed form to your Registration Coordinator at which time you will receive your team kit.

Notes importantes:

✓ Lorsque tous les membres des équipes auront versé leurs frais d'inscription de 10 \$, veuillez retourner le formulaire dûment rempli au Coordonnateur des inscriptions, qui vous remettra alors la pochette de documents s'appliquant à votre équipe.

Fill out this section when team members pay by credit card/Veuillez remplir cette section lorsque vos coéquipiers paient par carte de crédit.

Card number/No de la carte _____ Exp. Date d'expiration _____

Cardholder Name/Nom du détenteur de la carte _____ Signature _____

Card number/No de la carte _____ Exp. Date d'expiration _____

Cardholder Name/Nom du détenteur de la carte _____ Signature _____

TEAM DEPOSIT SLIP

FORMULAIRE DE DÉPÔT DE L'ÉQUIPE

Please have this sheet completed prior to bank night to help us save some time. Thank you
 svp complétez ce formulaire de dépôt avant de vous présenter au réunion bancaire afin de nous aider à économiser du temps, merci

Date:
Team Name/Nom de l'équipe:
Captain's Name/Chef d'équipe:



Registration/Inscription	
Pledges/Dons	
Luminaries/Luminaires	
Fundraising Activity/ Activités de levée de	
Community Cards/ Cartes communautaires	

Car Tickets/Billets de voiture	
Travel Tickets/Billets de voyage	
Other item/Autre article promo:	
Other item/Autre article promo:	
Other item/Autre article promo:	

Bills/Billets

_____	X	\$5	=	_____
_____	X	\$10	=	_____
_____	X	\$20	=	_____
_____	X	\$50	=	_____
_____	X	\$100	=	_____

Rolls/Rouleau
Please roll your coins/SVP rouler vos sous

_____	X	\$0.01 (\$0.50)	=	_____
_____	X	\$0.05 (\$2.00)	=	_____
_____	X	\$0.10 (\$5.00)	=	_____
_____	X	\$0.25 (\$10.00)	=	_____
_____	X	\$1.00 (\$25.00)	=	_____
_____	X	\$2.00 (\$50.00)	=	_____

Loose coin/ Change

_____	X	\$0.01	=	_____
_____	X	\$0.05	=	_____
_____	X	\$0.10	=	_____
_____	X	\$0.25	=	_____
_____	X	\$1.00	=	_____
_____	X	\$2.00	=	_____

Total Cash/Argent Total: _____
Total Cheques/Cheques Totals: _____
Total Deposit/dépot Totale: _____

For Treasurer's Use/ Pour trésorier seulement
Received by/Reçu par: _____
Date Deposited/Déposer: _____
Team Captain's Signature Chef d'équipe: _____

Register Online

It's Fast, It's Easy, and It's Secure



Relay For Life online
Relais pour la vie en ligne
www.cancer.ca

Inscrivez-vous en ligne

C'est rapide, facile et sûr.

Relay for Life Pledge Form
Formulaire de promesses de dons, Relais pour la vie

Team Name/Nom de l'équipe: _____

First Name/Prénom : _____ Last Name/Nom de famille : _____

Address/Adresse : _____

City/Ville : _____ Province : _____ Postal Code/code postal : _____

Bus Tel/Tél. Bureau : (____) _____ Home Tel/Tél. Domicile: (____) _____

Email Address/Courriel : _____

- Yes, I would like to receive e-mails from the Canadian Cancer Society
- Oui, j'aimerais recevoir des courriels de la Société canadienne du cancer.

	First Name Prénom	Last Name Nom de famille	Pledge Amount Montant	Amount Collected Montant recueilli	Receipt Number No du reçu
1	Chris	Smith			
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

All cheques made payable to: Canadian Cancer Society
Chèques payables à la: Société canadienne du cancer

133 Prince William Street, Suite 201 Telephone (506) 634-6272
P.O. Box 2089 Fax (506) 634-3808
Saint John, NB E2L 3T5 Toll Free 1 800 455-9090

www.cancer.ca

Cancer Information Service 1 888 939-3333



Total Collected/Total recueilli: \$ _____

133, rue Prince William, Bureau 201 Téléphone (506) 634-6272
C.P. 2089 Télécopieur (506) 634-3808
Saint John (N.-B.) E2L 3T5 Numéro sans frais 1 800 455-9090

www.cancer.ca

Service d'information sur le cancer 1 888 939-3333

We respect your privacy. The Canadian Cancer Society collects your personal information to: process your registration form and/or donation; or issue a tax receipt; and/or contact you with information about other ways you can help in the fight against cancer. If you prefer not to receive this kind of communication from us, or to obtain more information about our privacy policies, please contact us at: 1 800 455-9090, email: ccsnb@nb.cancer.ca, www.cancer.ca, Canada Revenue Agency www.cra-arc.gc.ca