## Tri-County Minor Hockey League 2023 2024 Season

<u>Form A - Roster of Teams, Identifying Teams to be reclassified (if applicable) and Form B -</u> <u>Request Form for reclassifying</u>

For the 2023 2024 Season the Tri-County Hockey League will only be running 1 Season as opposed to the 2 Seasons like in the past. Therefore, there will only be ONE time for Associations to request for reclassifying their Teams. Teams that had Spring Tryouts have till July 24 to request and Teams that will try-out in the Fall will need to request reclassification by September 15.

The Regular Season will run from October 10 to February 2. (For the 2023 2024 Season Dates please refer to the Website, under tab - "Season Dates and League Info) Teams that asked for and were granted reclassification will be reassessed at the end of the Regular Season. Should their Winning Percentage be .600 or above they will be moved back to their original Category for the Round Robin Playoffs. Their points earned in the Regular Season will not follow them. They will be placed in last place.

Form AThis Form MUST be completed by All Associations and SIGNED by theMandatoryAssociation's President and VP of Rep. Please use the template supplied.

This Form only needs to be completed by Association's that are requesting toForm Bhave Team(s) reclassified. One form per Team. Form MUST be SIGNED byOptionalAssociation's President, VP of Rep and Coach of the Team. Please use the<br/>template supplied.

Forms A and B must be submitted to the Tri-County Minor Hockey League President and Ice Scheduler by July 24th, (Spring Tryouts) and September 15th (Fall Tryouts). Should you have your Forms completed earlier feel free to submit them as soon as possible.

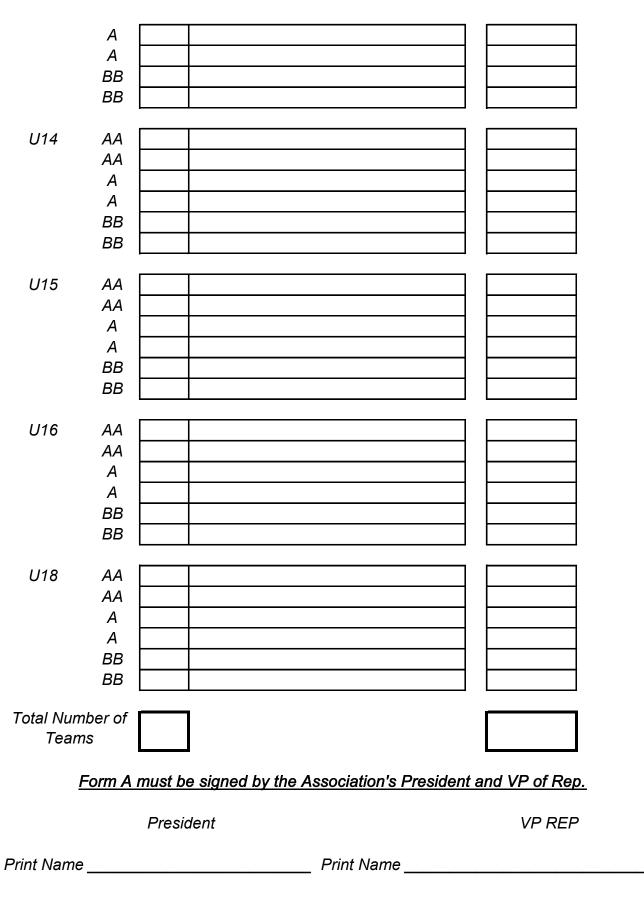
> Email tcpresident@bell.net Email tcicescheduler@gmail.com

> > Thank you TCMHL

## Form A

#### <u>Roster of Teams for 2023 2024 Season. If applicable identifying which Team(s) you are</u> <u>applying to have reclassified.</u>

Association Name: Request to Reclassify -Age Yes/ Level Name of Team Mark with an X No Group (Please complete 1 Form B per team you Oakville Rangers, Oakville Rangers are requesting to be Red, etc reclassified) U10 AA AA Α Α BB BΒ U11 AA AA Α Α BΒ BB U12 AA AA Α Α BΒ BΒ U13 AA AA



Email					

\_\_\_\_\_ Email \_\_\_\_\_

Signature	Signature
Cell Phone:	Cell Phone:
Date	Date:

# <u>Form B</u>

Association requesting to have one of their Teams reclassified:				
Team requesting to be reclassified:				
Team's Current Category:	Request to be moved to: _			

## Information needed to support the Team's Request.

1	Previous Regular Season & playoff records. Please include the last two seasons (if applicable)
2	Exhibition & Tournament game records from the previous season
3	Roster adjustments (if applicable) from previous season to current season
4	Feel free to add additional information

Approved requests are subject to re-assessment at the end of the Regular Season for Round Robin Playoff Play. This may result in moving your team back to their previous category.

### Re-Assessment will be based on the following

1	At the end of the Regular Season should your winning percentage be .600 or more your team will be moved back to previous category.
2	Should your team be moved back your points from the Regular Season will not move with you. Your team will be placed in last place for the Round Robin Playoffs.
3	Should there be more than one team being moved back the winning percentages will be used to slot last place, (lowest winning percentage) second last (second lowest) etc.

Form B must be signed by Association's President, VP of Rep and Coach of the Team.

President	VP REP
Print Name	Print Name
Email	_ Email
Signature	Signature
Cell Phone:	Cell Phone:
Date	Date
	Coach of Team
Print Name	
Email	
Signature	
Cell Phone:	
Date	