

**Tri-County Minor Hockey League  
2023 2024 Season**

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

*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 A                    This Form MUST be completed by All Associations and SIGNED by the  
Mandatory              Association's President and VP of Rep. Please use the template supplied.*

*Form B                    This Form only needs to be completed by Association's that are requesting to  
Optional                have Team(s) reclassified. One form per Team. Form MUST be SIGNED by  
                                Association's President, VP of Rep and Coach of the Team. Please use the  
                                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

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

Association Name: \_\_\_\_\_

Age Group	Level	Yes/No	Name of Team	Request to Reclassify - Mark with an X
			<i>Oakville Rangers, Oakville Rangers Red, etc</i>	<i>(Please complete 1 Form B per team you are requesting to be reclassified)</i>

U10	AA	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
	AA	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
	A	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
	A	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
	BB	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
	BB	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>

U11	AA	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
	AA	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
	A	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
	A	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
	BB	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
	BB	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>

U12	AA	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
	AA	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
	A	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
	A	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
	BB	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
	BB	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>

U13	AA	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
	AA	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>

A			
A			
BB			
BB			

U14	AA			
	AA			
	A			
	A			
	BB			
	BB			

U15	AA			
	AA			
	A			
	A			
	BB			
	BB			

U16	AA			
	AA			
	A			
	A			
	BB			
	BB			

U18	AA			
	AA			
	A			
	A			
	BB			
	BB			

Total Number of Teams

**Form A must be signed by the Association's President and VP of Rep.**

President

VP REP

Print Name \_\_\_\_\_ Print Name \_\_\_\_\_

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

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Date \_\_\_\_\_

Date: \_\_\_\_\_

**Form B**

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* \_\_\_\_\_