

**Tri-County Minor Hockey League
2024 2025 Season**

Overview - PreSeason Team Reclassification

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

For the 2024 2025 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 12 to request and Teams that will try-out in the Fall will need to request reclassification by September 16.

The Regular Season will run from September 30 to January 26. (For the 2024 2025 Season Dates please refer to the Website, under tab - "Season Dates and League Info) Teams that asked to move down (Form B) 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. Teams that request to move up (Form C) and were granted reclassification will not be eligible to move back down during the Regular Season or for the playoffs.

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

*Form B
Optional
Team
Moving
Down* *This Form only needs to be completed by Association's that are requesting to 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.*

*Form C
Optional
Team
Moving Up* *This Form only needs to be completed by Association's that are requesting to 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, B, and C must be submitted to the Tri-County Minor Hockey League President and 3rd VP by July 12th, (Spring Tryouts) and September 16th (Fall Tryouts). Should you have your Forms completed earlier feel free to submit them as soon as possible.

Email

tcpresident@bell.net

Email

paulharvey0314@gmail.com

Thank you

TCMHL

Form A

Roster of Teams for 2024 2025 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
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Oakville Rangers, Oakville Rangers Red, etc

<p><i>MOVING DOWN Please complete 1 Form B per team you are requesting to be reclassified</i></p>	<p><i>MOVING UP Please complete 1 Form C per team you are requesting to be reclassified</i></p>
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<i>U10</i>	<i>AA</i>				
	<i>AA</i>				
	<i>A</i>				
	<i>A</i>				
	<i>BB</i>				
	<i>BB</i>				

<i>U11</i>	<i>AA</i>				
	<i>AA</i>				
	<i>A</i>				

<i>A</i>				
<i>BB</i>				
<i>BB</i>				

U12

<i>AA</i>				
<i>AA</i>				
<i>A</i>				
<i>A</i>				
<i>BB</i>				
<i>BB</i>				

U13

<i>AA</i>				
<i>AA</i>				
<i>A</i>				
<i>A</i>				
<i>BB</i>				
<i>BB</i>				

U14

<i>AA</i>				
<i>AA</i>				
<i>A</i>				
<i>A</i>				
<i>BB</i>				
<i>BB</i>				
<i>B</i>				
<i>B</i>				

U15

<i>AA</i>				
<i>AA</i>				
<i>A</i>				
<i>A</i>				
<i>BB</i>				
<i>BB</i>				
<i>B</i>				
<i>B</i>				

U16

<i>AA</i>				
<i>AA</i>				
<i>A</i>				
<i>A</i>				
<i>BB</i>				
<i>BB</i>				

	B				
	B				
U18	AA				
	AA				
	A				
	A				
	BB				
	BB				
	B				
	B				
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:* _____

Please send to President - Tri-County Minor Hockey League:

tcpresident@bell.net

and 3rd Vice President - Tri-County Minor Hockey League

paulharvey0314@gmail.com

Form B - Request to move your Team down

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 _____

Please send to President - Tri-County Minor Hockey League:

tcpresident@bell.net

and 3rd Vice President - Tri-County Minor Hockey League
paulharvey0314@gmail.com

Form C - Request to move your Team up

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
- 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 the following. Your Team is not able to move back down

Re-Assessment at the End of the Regular Season

1 At the end of the Regular Season your team is not eligible to move back down

Form C 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 _____

Please send to President - Tri-County Minor Hockey League:

tcpresident@bell.net

and 3rd Vice President - Tri-County Minor Hockey League

paulharvey0314@gmail.com