



LEAGUE SCHEDULE REQUEST FORM

LEAGUE NAME: _____

NUMBER OF TEAMS: _____

TEAM NAMES:

- | | |
|---------|----------|
| 1 _____ | 7 _____ |
| 2 _____ | 8 _____ |
| 3 _____ | 9 _____ |
| 4 _____ | 10 _____ |
| 5 _____ | 11 _____ |
| 6 _____ | 12 _____ |

Schedule Start Date: _____ Schedule End Date: _____ Number of Games per Team: _____

REGULAR ICE TIMES (ie. Tues 8pm, Town Arena, Pad 1)

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____

EXCLUDED DATES (ie. Christmas/boxing Day, (Christmas break - Dec 20-Jan 2), Super Bowl)

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____

Does your league have a separate playoff - if so what is the start date? _____

What is the playoff format? (ie round robin followed by semi-final/final) _____



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