



HOCKEY

Hockey



OKTOBERFEST WOMEN'S HOCKEY TOURNAMENT Sept. 12th-14th

Hosted by the Stephen C. West Ice Arena in Breckenridge,
Colorado

Format: Adult round-robin tournament with a 3 game
guarantee

Divisions: Women's A, B1 and B2

Early registration : \$450.00 Ends Wednesday, July 30th at 5pm

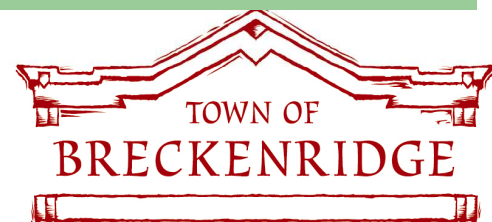
Registration: \$500.00 Ends Wednesday, August 13th at 5pm

Late Registration: \$575.00 Ends Friday, September 5th at 5pm

Full payment due with registration. Party Friday night. There
will be no spectator fees.

Registration forms can be found at the Town of Breckenridge
website www.townofbreckenridge.com under the Recreation
link or at the Stephen C. West Ice Arena front desk.

**Any questions, please call Bree
at 970-547-3148.**



RECREATION DEPARTMENT

www.townofbreckenridge.com

Fall 2008

Stephen C. West Ice Arena

Oktoberfest Women's Hockey Tournament

Women's A, B1 and B2 Divisions

Rules and Regulations

1. Format: 4 team round robin in each division with top two teams playing for championship.
2. Playing Rules: USA Hockey rules will be in effect for tournament play, no checking.
3. Game times: Games will be three 12-minute periods. The first period will be running time and the second and third will be stop time. In the event of a tie there will be a 5-minute running time sudden death period.
4. Mercy rule: If at any time during the third period, the goal differential is 6 or more goals, the clock will run.
5. Penalties during running time periods: Penalty time will stop during stoppages and the game time will continue to run.
6. Points: Two points will be awarded to the winning team. No points will be awarded to a team losing in regulation. In the event of a tie after sudden death, both teams will be awarded a point. The losing team in sudden death will be awarded a point for a regulation tie.
7. Jerseys: If your team has home and visitor jerseys, please bring both sets. Home team will wear light colored jerseys; visitors will wear dark.
8. Abuse of Officials will not be tolerated. Any player receiving a game misconduct for abuse of officials will be ejected for the remainder of the tournament without refund. Any other type of game misconduct will be dealt with on a case by case basis by the tournament director. Depending on circumstances, game misconducts will typically be dealt with in accordance with USA Hockey rules.
9. By Town ordinance, alcohol is not permitted at the Stephen C. West Ice Arena anywhere in the facility.

**STEPHEN C. WEST ICE ARENA
FALL 2008**

**OKTOBERFEST WOMEN'S HOCKEY TOURNAMENT
REGISTRATION FORM**

INSTRUCTIONS: All information must be completed. If you do not have a fax contact, please write "NONE."
Completed form *with full payment*, must be received by September 5th 2008.

TEAM INFORMATION:

Team Name: _____

Division: _____

TEAM REPRESENTATIVE INFORMATION:

Team Representative: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

E-mail: _____ Fax: (_____) _____

TEAM REPRESENTATIVE AGREEMENT:

- I have received and will read a copy of the Tournament Rules and will make sure players understand the rules.
- I have received a copy of the Roster Form and will ensure it is filled out completely with signatures of all players.
- I will ensure that the team is playing in the correct division of play, based on our ability.
- I will ensure that all players are at least 18 years old and eligible to participate in the tournament.

Signature: _____ **Date:** ____/____/____

If Mailing registration, tournament fees will be determined by the following :

Early Registration of \$450.00 must be postmarked by July 30th, 2008.

Regular Registration of \$500.00 must be postmarked by August 13th 2008.

Late Registration of \$575.00 must be received by September 5th 2008.

Please make checks payable to: Town of Breckenridge

**If mailing registration forms, mail to: Town of Breckenridge
Stephen C. West Ice Arena
P.O. Box 168
Breckenridge, CO 80424**

VISA, MasterCard, and Checks accepted.

(circle) VISA / MC # _____ Exp. Date: ____/____/____

Name as it appears on card: _____

Stephen C. West Ice Arena
Fall 2008 Women's Hockey Tournament Roster Form

Team Name: _____ Division: _____ Team Color: _____

Team Representative: _____ Home Phone: _____ Work Phone: _____

Address: _____ Fax: _____

Email Address: _____

Waiver of Liability: In consideration of being permitted to participate in skating/hockey programs at the Stephen C. West Ice Arena, I hereby agree:

- 1 I understand that my participation in skating/hockey programs can involve significant risk of serious personal injury including death.
 - 2 I have trained sufficiently and am in good physical condition with no known medical condition that could limit my ability to safely participate in skating hockey programs.
 - 3 I accept and agree to abide by the rules of the Stephen C. West Ice Arena and the skating/hockey program. I accept that my participation may be temporarily or permanently terminated if I fail to abide by the rules.
 - 4 I agree and release the Town of Breckenridge, its officers, employees and insurers (released parties) are not responsible for my safety in connection with my participation in skating/hockey programs. I agree to accept all responsibility for the risks, conditions and hazards, which may occur whether they now be known or unknown.
 - 5 Being fully aware of the risks, conditions and hazards of skating/hockey programs, I hereby agree and waive, release, and discharge any and all claims for damages, personal injury, or property damage as a result of my participation in skating/hockey progr
- This waiver shall remain in effect for the future and shall be binding upon my heirs and successors. I have read, understand, and agree to abide by the terms listed above.**

Jersey

| | Print Name | P.O. Box/Town | Jersey Number | Phone | E-mail Address | Signature |
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Octoberfest Women's Hockey Tournament
Group code BC9WH8
September 12, 2008 - September 14, 2008

July 11, 2008

Ms. Bree Schacht
Stephen C. West Ice Arena
Octoberfest Women's Hockey Tournament
P.O. Box 168
Breckenridge, CO 80424
Phone 970-547-3148

Thank you for the opportunity to host your group. The sleeping rooms and rates identified below will be made available to those individuals identifying themselves as members of the Octoberfest Women's Hockey Tournament Group Code # BC9WH8. All room requests will be accommodated strictly on a space available basis for the dates of Friday, September 12, 2008 through Sunday, September 14, 2008. As such, no rooms are currently being held for your Group. Please note that minimum length of stay requirements may apply.

| Lodging Options | Nightly Rate |
|---|---------------------|
| The Village Hotel | |
| Classic Village Hotel Room | \$ 129.00 |
| Deluxe Village Hotel Room | \$ 129.00 |
| Village at Breckenridge Condominiums | |
| Lifside Studio | \$ 130.00 |
| Plaza One Bedroom Condo | \$ 153.00 |
| Plaza Two Bedroom Condo | \$ 177.00 |
| Plaza Three Bedroom Condo | \$ 218.00 |
| Chateaux Two Bedroom Condo | \$ 197.00 |
| Chateaux Three Bedroom Condo | \$ 238.00 |
| Chateaux Four-Bedroom Condo | \$ 278.00 |
| Great Divide Lodge Hotel | |
| Classic Hotel Room | \$ 110.00 |
| Deluxe Double Hotel Room | \$ 125.00 |
| Mountain View Hotel Room | \$ 140.00 |

Lodging rates will be honored three (3) days prior and three (3) days after the group dates.

Additional Fees and Charges

In addition to the rates set forth above, there will be a daily resort fee of \$15.00 per room, per night, which shall include, without limitation, parking, in-town shuttle, Internet access, business center computer access with printing and faxing capabilities, local phone calls, daily newspapers,

two in-room bottles of water per day, lobby coffee, and in-room coffee. Group shall be solely and fully responsible for informing its attendees of these fees and that they are separate and distinct from the room rate and from taxes. Group may not, in any printed materials regarding the meeting or in any other manner, lump these fees into any category such as tax or room rate.

Deposit Policy

First nightly deposit is due at time of booking. The balance will be charged automatically 14 days prior to arrival.

Cancellation Policy

If guest cancels outside of 14 days we will refund the deposit less a \$30 processing fee. Guest cancellation inside of 14 days of arrival will result in full forfeiture of all monies received.

All room rates are non-commissionable, and subject to \$15.00 taxable resort fee and applicable state and local taxes currently 10.68%.

Please call Breckenridge Hospitality Reservations Department at (888)-525-1787 and ask for group code BC9WH8 to reserve rooms for the Octoberfest Women's Hockey Tournament.

If you would like to arrange any group dining activity, please contact us at 800-332-0424 at least **45 days prior** to arrival so that we may assign a Conference Services Manager. Prepayment will be required to secure group events.

In order to properly service and process your Group, please acknowledge the terms and conditions by signing below and returning by Friday, July 25, 2008. Thank you for your business and we look forward to welcoming you to Breckenridge!

Stephen C. West Ice Arena Breckenridge Hospitality
Authorized Representative Authorized Representative

Ms. Bree Schacht Debra Goodman
National Sales Manager
PO Box 8329
535 South Park Avenue
Breckenridge, CO 80424
Phone: 800-332-0424
Fax: 970-453-5165

Date Date