

SOUTHERN COUNTIES MINOR HOCKEY LEAGUE PLAYDOWN AGREEMENT -- SERIES

DATE: _____

DIVISION/CATEGORY: _____

Participating: _____

CENTRES:

Participating: _____

PLAYDOWN SERIES: _____

LENGTH OF SERIES: Best-of-Three OR Four Points

Game No.	Date	Day	Time	Location	Length of Periods				Scores	
					1	2	3	O/T		

REFEREES: 2 Officials
HOME ASSIGNED REFEREES 3 Officials
4 Officials

FLOOD:
Between
2nd & 3rd
OR
None

NOTES: THIS AGREEMENT MUST BE COMPLETED BEFORE THE FIRST GAME

GAME DETAILS AS DESCRIBED IN SOUTHERN COUNTIES
2025 PLAYOFF STRUCTURE U11 THRU U18

CENTRE: _____

SIGNED FOR

CENTRE: _____

SIGNATURE: _____

SIGNATURE: _____

PHONE: _____

PHONE: _____

EMAIL: _____

EMAIL: _____

DATE: _____

DATE: _____

COPY TO	NAME	EMAIL	TELEPHONE
DIVISIONAL STATISTICIAN			
LEAGUE SCHEDULER	Arnie Schwartzentruber	nieschwartzentruber@gmail.com	519-272-4818