The Graham Gilbert Memorial Jamboree - December 13th & 14th 2025

Each Team receives: -3 on Ice Games (*each team's games will be either on the 13th or 14th, not both)*

Treat bags, Hockey cards, prizes and medals for every player and a fun photo op with the U7 STANLEY CUP!

Registration Fee: $450.00
Payment and registration forms due by: November 7th 2025.

5 Year Old's will play IP1 (***2020***) (*please balance your teams*)
6 Year Old's will play IP2 (***2019***) (*please balance your teams, no elite teams*)
4-Year-Old (***2021)***

Please indicate on registration form what Division/age group your team is registering for.
(*6 years old, 5 years old or 4 years old. If a player is better suited to play up or down, based on their individual skill level, please place them on a team where they will be with players of similar skill. This is for fun. Not a competition.*

To secure your spot please email completed registration forms to:
U7@chebuctominorhockey.com

Please send EMT's to:
U7@chebuctominorhockey.com

All E-transfers must include the following in the comments:

- *Name of team you are paying for*
- *Number of teams you are paying for along with the amount.*

(EX: $1200 for 3 team from Chebucto)
(If you require a physical cheque option, our address can be provided upon request.)

Please feel free to contact us with any question or concerns. We look forward to hosting you!

Jay McKenzie

VP U7 CHEBUCTO
902-209-3934
U7@chebuctominorhockey.com

Sarah Baird **Coordinator**
sarah.baird@smu.ca

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JAMBOREE APPLICATION FORM

(Please ensure *$450.00* registration fee is submitted with application to secure spot)
Please send E-transfer to *U7@chebuctominorhockey.com* with the name of your team/teams along with the number of teams you are paying for.

Team Name: _____

Division: 6yr olds (*Born in 2019*)_____

5yr olds (*Born in 2020*) ____

4-year-olds (*Born in 2021*) ____

Number of players per team _____*(ideally 8-12 works well)*

Association:_____

Jersey Color:_____

Coaching Staff

	Name	Phone Number	Email Address
Head Coach			
Assistant Coach			
Manager			
		-	

Team Contact

Name:_____

Phone Numbers: _____(*Home*) _____(*Cell*)

Email: _____