



# 2026 TOM FARRELL MEMORIAL HOCKEY TOURNAMENT

@ the Talbot Community Center  
10028 Ocean Gateway, Easton, MD 21601

**March 6-8th**  
**\$1000 per team**  
**Players 18+**

## "A" Division

Age 18+, Competitive and skilled play. Former college or college club level play.

## "B" Division

Age 18+, Competitive play. Former high school or some college club level play.

## "C" Division

Age 40+, Relaxed, "Just for Fun" hockey. No aggressive play (Goalie's Age 30+).

## REGISTRATION

**\$1000.00 per team, with a \$500.00 deposit due at time of registration. NO EXCEPTIONS. NO DEPOSIT NO**

**REGISTRATION. Full balance due by Feb 27th.** Checks payable to "TCDPR". Cash, Visa, Discover and MasterCard accepted. Cash and Check payments may be made in person at the Talbot County Community Center.

Register online then email your form to [Parks@talbotcountymd.gov](mailto:Parks@talbotcountymd.gov)

SCAN HERE



## TOURNAMENT GUIDELINES AND RULES

- All players to include goalies must be 18 years or older to play in the tournament.
- Guaranteed (3) games. Teams with 1st and 2nd highest point totals within division advance to an additional championship game.
- Point system: win = 4, tie = 2, 1 additional point for each period won (e.g. A team that wins two periods and the game will receive 6 points)
- Tie breakers for championship game entry: (1) head to head, (2) fewest penalty minutes, (3) fewest goals allowed.
- No Checking
- Any player(s) with professional experience requires prior approval from TCDPR.
- Please note, This is not an official USA Hockey event, but USA Hockey rules will be followed.
- NO FIGHTING. Fighting result in ejection from the tournament without any refund.
- Complete rosters (20 player maximum) must be submitted (1) hour before a teams' first game and No player(s) can be added to a set roster after the start of play







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## REGISTRATION FORM

### TEAM INFORMATION

Team Name	:	<input type="text"/>	Team Captain	:	<input type="text"/>
Address	:	<input type="text"/>			
City/Town	:	<input type="text"/>	Phone Number	:	<input type="text"/>
Captain Email	:	<input type="text"/>			

Please choose your team's preferred division

☐

"A" Division

☐

"B" Division

☐

"C" Division

### PLAYER INFORMATION

NO.	NAME	SWEATER #	AGE
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

(continued on back, signature required\*\*)

## ADDITIONAL PLAYER INFORMATION

NO.	NAME	SWEATER #	AGE
16			
17			
18			
19			
20			

## PAYMENT INFORMATION

- ☐ **Deposit**      **\$500.00**
- ☐ **Full payment**      **\$1000.00**

### PAYMENT METHODS

**Check** (payable to TCDPR, mail to 10028 Ocean Gateway, Easton, MD 21601)

**Credit Card** (Visa, Mastercard, Discover accepted in-person, online, and by phone 410-770-8050)

**Cash**

I acknowledge that I have complete understanding of the potential risk associated with this activity, including injury and death, and I voluntarily agree to assume all such risk. I hereby release, discharge, indemnify, and agree to hold Talbot County, its officers, agents, and employees, harmless from and against any and all liability, claims actions, suits, damages, losses, or injuries of any kind, nature, or description, including without limitation personal injuries and/or death, medical expenses, and economic damages arising or claimed as a result of any act or omission related to the program (s) offered by the Talbot County Department of Parks and Recreation or any affiliated program. Requests are accepted but not guaranteed. On occasion, staff members may photograph participants in programs or special events. These photos are for TCDPR use only and may be used in future brochures, flyers, website, or social media postings. By registering for this program, I agree to allow publication of any photos taken at any program, event, or facility and occasional promotional emails regarding upcoming programs. TCDPR reserves the right to cancel or reschedule the event due to inclement weather or facility mechanical failures. Deposits will be refunded if TCDPR cancels the event.

\_\_\_\_\_  
Team Captain Signature

\_\_\_\_\_  
Date

OFFICE USE ONLY

Notes

**For Office Use:** Total Paid \_\_\_\_\_ Cash / Check / Charge Date \_\_\_\_\_ Staff Initials \_\_\_\_\_

**Return Forms to:** 10028 Ocean Gateway, Easton, MD 21601 ● Phone-410-770-8050 ● Fax-410-822-7107 ● [parks@talbgov.org](mailto:parks@talbgov.org)