



2nd Annual Fall Classic Tournament

October 2nd, 3rd, 4th - 2009

Registration Fee \$695

TEAM INFORMATION

Team Name: _____

O.W.H.A. Team # _____ Association: _____

Level: Novice-C Atom-B Pee wee-B Bantam-B Midget-B

TEAM STAFF

Coach Name: _____ **Coaches #** _____

Address: _____

Town/City: _____ **Postal Code:** _____

Home Phone: _____ **Work:** _____

Manager Name: _____

Address: _____

Town/City: _____ **Postal Code:** _____

Home Phone: _____ **Work:** _____

Trainer Name: _____ **Card #** _____

Mail Registration forms to: NSGHA Tournament Director
235 Chaingate Dr.
Midland, Ontario L4R 4S4
hab72@rogers.com

TEAM ROSTER

Team Name: _____

Please List Players in Numerical order and indicate captain and alternate captions (C/A) - goalie = (G)

Jersey #	Player Name First and Last	Birth Date (DD,MM,YY)	Other (Goalie, Captain & Alternates)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			

CONTACT INFORMATION

Submitted By: _____

Mailing Address: _____

Town/City: _____ Postal Code _____

Contact Phone: _____ Cell Phone _____

Email: _____

Any questions please contact hab72@rogers.com