



9th Annual Tournament

January 2,3,4 2009

Registration Fee \$695

Required Information: **

TEAM INFORMATION

Team Name: _____

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

Age Category:

Fund/Tyke Novice Atom Pee wee Bantam Midget Sr. Rec

Level: House League

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**, PO Box 612, Midland, Ontario L4R 4L3
Attention: Tournament Director

Any questions please contact nsgha2009@hotmail.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 nsgha2009@hotmail.com