



# PERTH LANARK

## MINOR HOCKEY ASSOCIATION

### TOURNAMENT REGISTRATION FORM

TEAM ASSOCIATION:

\_\_\_\_\_

TEAM NAME:

\_\_\_\_\_

DATE OF TOURNAMENT:

\_\_\_\_\_

MAIN TEAM CONTACT:

\_\_\_\_\_

PHONE NO.:

\_\_\_\_\_

E-MAIL:

\_\_\_\_\_

JERSEY COLOURS:

HOME

AWAY

\_\_\_\_\_

\_\_\_\_\_

AGE DIVISION:

CATEGORY:

LEVEL:

Choose from Drop-down

(U7/U9/U11 ETC.)

(COMPETITIVE/HOUSE)

(A/B/C)

POSITION	NAME	PHONE NO.	E-MAIL
HEAD COACH:			
ASST. COACH:			
ASST. COACH:			
TRAINER:			
MANAGER:			

- E-mail Tournament Application Form to [plmha.tournaments@gmail.com](mailto:plmha.tournaments@gmail.com)
- Remember to include your 'OFFICIAL TEAM ROSTER' signed by your District Registrar. This is required for all Category Levels in order to attend. If you do not have your Roster at time of Registration, please request this from your Association and email as soon as it is available/1 week prior to the Tournament date.
- Payment will secure your spot;
  - Etransfer to [plmha.treasurer@gmail.com](mailto:plmha.treasurer@gmail.com) Tournament Coordinator will inform you of a password once registration is submitted and availability confirmed
  - Cheque made payable to PLMHA mailed to PO Box 441 Station Main Perth, ON K7H 3G1