



# Carleton Place Minor Hockey Tournament Registration

**Name of Team:** \_\_\_\_\_

**Association:** \_\_\_\_\_

**Division & Level:** \_\_\_\_\_ (eg: Atom B)

**Home Colours:** \_\_\_\_\_ **Away Colours:** \_\_\_\_\_

Jersey	Last Name	First name	DOB	Player ID Number
7	Sample	Player	1 Jan 00	123456789

I hereby certify the above team list to be correct. I have indicated any affiliated player(s) by placing an "A/P" symbol next to their name.

**Head Coach:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Manager:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_