

**Lucan Minor Hockey**

**KEN BAILEY MEMORIAL ATOM "REP" / PEEWEE "REP" TOURNAMENT 2018**



**TOURNAMENT APPLICATION FORM**



**APPLICATION FORM**

Centre: \_\_\_\_\_ Classification: \_\_\_\_\_

Team Name: \_\_\_\_\_ Atom or Peewee \_\_\_\_\_

Sweater Colours—Home \_\_\_\_\_ Away \_\_\_\_\_

**MAIN CONTACT INFORMATION**

Circle One:    Coach       Manager    Asst.Coach    Trainer    Other: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**SECONDARY CONTACT INFORMATION**

Circle One:    Coach       Manager    Asst.Coach    Trainer    Other: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Please make cheque for \$700.00 payable to : Lucan Athletic Association  
Applications will not be accepted without application form and payment.**

**Team Rosters can be forwarded in September.**

**Please forward to:  
Barb Van Arentvals  
Attn: Ken Bailey Tournament  
34644 Saintsbury Line, Lucan, ON N0M 2J0**



# Lucan Minor Hockey



## KEN BAILEY MEMORIAL ATOM "REP" / PEEWEE "REP" TOURNAMENT 2018 TOURNAMENT APPLICATION FORM—ROSTER CAN BE EMAILED IN SEPTEMBER

TEAM NAME: \_\_\_\_\_

SWEATER COLOURS: HOME \_\_\_\_\_ AWAY \_\_\_\_\_

Division (Circle One)      REP:      ATOM      or      PEEWEE

PLAYER'S NAME (Please Print)	Sweater Number	Position (F/D/G)	Signature
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
Coach:	NCCP:	Phone:	
Trainer:	HTCP:	Phone:	
Asst. Coach:	NCCP:	Phone:	
Asst. Trainer	HTCP:	Phone:	
Manager:	PRS:	Phone:	

Please **PRINT** all necessary player information. **Signatures are NOT to be entered until registration at the arena.**

Make Cheques Payable to Lucan Athletic Association

Mail Application to: Barb Van Arenalts, Ken Bailey Tournament, 34644 Saintsbury Line, Lucan, ON N0M 2J0