Lucan Minor Hockey

KEN BAILEY MEMORIAL ATOM "REP" / PEEWEE "REP" TOURNAMENT 2016

TOURNAMENT APPLICATION FORM

APPLICATION FORM

Centre: _____ Classification: _____

Team Name: _____

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.

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

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TOURNAMENT APPLICATION FORM

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 Arenthals, Ken Bailey Tournament, 34644 Saintsbury Line, Lucan, ON N0M 2J0