

**TOURNAMENT ENTRY FORM**

**Tournament Name:**

**Division: (Peewee/Atom)**

**Centre (OMHA):**

**Classification** (only local/ house league teams shall apply)

**OMHA Centre Contact Name:**

**Telephone:**

**Email:**

**Team Name:**

**Coach/Manager**:

**Telephone:**

**Email:**

**Uniform Colours: HOME: AWAY:**

**E-mail 1. Registration Form, 2. Travel Permit and 3. OMHA Official Roster to:**

Hamilton-j@hotmail.com

**Mail Cheque for $ 600.00 CDN - Payable to Southwest Minor Hockey.-Dated Nov. 21, 2016 to:** Jim Hamilton 22101 Dundonald Rd. Glencoe On. N0L1M0,

**TOURNAMENT ROSTER FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| **Last Name** | **First Name** | **Sweater Number** | **Date of Birth****dd/mm/yyyy** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Team Officials** | **Last Name** | **First Name** |
| **Coach** |  |  |
| **Trainer** |  |  |
| **Assistant Coach** |  |  |
| **Manager** |  |  |
|  |  |  |

**Return to:**

Tournament Convenor: Jim Hamilton 22101 Dundonald Road Glencoe, ON N0L 1M0

Mobile# 519 330 6197

Hamilton-j@hotmail.com

