

**TOURNAMENT REGISTRATION FORM**

**Tournament Name:**

John Horvat Memorial Tournament

**Division: (Novice LL)**

Novice LL

**Centre (OMHA):**

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

Local League

**OMHA Centre Contact Name:**

**Telephone:**

**Email:**

**Team Name:**

**Coach/Manager**:

**Telephone:**

**Email:**

**We will hold your spot with payment of $750.00 by e-transfer using your team name and colour as security password to:** seanvanbilsen@gmail.com

**You will be fully registered once all below documents are received:**

1. **Registration Form 2. Travel Permit 3. OMHA Official Roster**