

**WALLER MEMORIAL TOURNAMENT REGISTRATION FORM**

**Tournament Name:**

**Division: (Tyke 2010,11,12)**

**Centre (OMHA):**

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

**OMHA Centre Contact Name:**

**Telephone:**

**Email:**

**Team Name:**

**Coach/Manager**:

**Telephone:**

**Email:**

**We will hold your spot with payment of $350.00 by e-transfer using your team name as security password to:** Hamilton-j@hotmail.com

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

1. **Registration Form 2. Travel Permit 3. OMHA Official Roster 4. Tournament Team Roster (found on registration page).**