

CONTACT PERSON:

ADDRESS:

TELEPHONE #:

E-MAIL:

TEAM NAME:

DIVISION:

ASSOCIATION:

1) I certify that all players are eligible to participate in this tournament, and are registered under the N.O.H.A. or O.H.A.

2) Acceptance of this entry form releases the Sponsors, Officials and Arena Management from any liability for injury that may be incurred by any player or team official participating in this tournament.

3) I will not make any changes whatsoever to my team's status. I understand that if such changes are attempted, I may be forfeiting my team's right to participate in this tournament.

4) Thank-you for your interest in our tournament and we will be in touch shortly. Completion of this fillable registration form and submitting payment does not confirm your acceptance to our tournament. You will be notified once the tournament committee confirms your acceptance.

I agree to the terms and conditions stated above*

ROSTER

Number	First Name	Last Name	DOB
Coach			
Assistant Coach			
Assistant Coach			
Manager			
Trainer			