



GREATER PETAWAWA MINOR HOCKEY HOUSE LEAGUE "B" TOURNAMENT APPLICATION FORM.

TEAM INFORMATION

Team Name: [_____]
Division: Initiation Novice Atom Pee wee Bantam Midget (please circle one)
Association: [_____]
League: [_____]
Province: [_____]
Population: [_____]

TEAM COLOURS

Home Jersey: [_____] Trim: [_____]
Away Jersey: [_____] Trim: [_____]

TEAM HEAD COACH

Name: [_____]
Address: [_____]
City: [_____]
Province: [_____]
Home Phone: [_____]
Bus. Phone: [_____]
Fax: [_____]
e-mail: [_____]

TEAM MANAGER

Name: [_____]
Address: [_____]
City: [_____]
Province: [_____]
Home Phone: [_____]
Bus. Phone: [_____]
Fax: [_____]
e-mail: [_____]



GREATER PETAWAWA MINOR HOCKEY HOUSE LEAGUE "B" TOURNAMENT TEAM LIST

(No more than 19 players including goaltenders)

- | | |
|----------------|--------------------------|
| () Initiation | Team Name: [_____] |
| () Novice | Head Coach: [_____] |
| () Atom | Assist. Coach: [_____] |
| () Peewee | Manager: [_____] |
| () Bantam | Trainer: [_____] |
| () Midget | Trainer #: [_____] |

PLAYERS LIST					
	<u>Sweater #</u>	<u>Last Name</u>	<u>First Name</u>	<u>Competative CAHA #</u>	<u>Birth Date YY/MM/DD</u>
<u>1</u>	<u>G</u>				
<u>2</u>	<u>G</u>				
<u>3</u>					
<u>4</u>					
<u>5</u>					
<u>6</u>					
<u>7</u>					
<u>8</u>					
<u>9</u>					
<u>10</u>					
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<u>16</u>					
<u>17</u>					
<u>18</u>					
<u>19</u>					

Signature of Coach or Manager: _____ Date: _____
 To avoid disappointment all applications must be received 4 wks prior to tournament date
 please mail to:

Greater Petawawa Minor Hockey Association Inc.
 PO Box 105, Petawawa, Ontario
 K8H-2X1
 Ph. (613) 687-1277 Fax (613) 687-5911
 e-mail: gpmha@hotmail.com

Please include:

1. Tournament Application
2. Team\Players List
3. Cheque made payable to: **Greater Petawawa Minor Hockey Association Inc.**
(POST DATED CHEQUES WILL NOT BE ACCEPTED)