2017 Gananoque Holiday Classic

**Rep Hockey Tournament**

December 27th, 28th, and 29th

Gananoque, Ontario

Registration Form

|  |  |
| --- | --- |
| Team Name |  |
| DivisionNovice/Atom/Peewee |  |
| Home Association |  |
| Manager Name, Email and Telephone |  |
| Head CoachName, Email and Telephone |  |
| Assistant Coach |  |
| Assistant Coach |  |
| Trainer |  |

Circle as appropriate:

1. I am submitting full payment in the amount of $800 to secure a spot for my team.
2. I am submitting a $50 non-refundable deposit on behalf of the team. I understand that the balance of the payment and a complete registration form is due by October 17, 2017, otherwise our team’s spot may be offered to a team on the waiting list.
3. Please add my team to the waiting list.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide players names and number. An official approved roster and travel permit are required by October 17, 2017.

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| Team Name: |
| Player Name | Number | Player Name | Number |
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PLEASE FORWARD A COPY OF THIS REGISTRATION FORM TO tournaments@ganminorhockey.com. If you have any other questions regarding our tournament please let us know.