



Please circle your OMHA Category and Division:
 Travel House League Local League
 Novice Atom Pee wee

Team Contact: _____ Phone #: _____
 Address: _____
 Postal Code: _____ Fax #: _____
 E-mail _____ Team Name: _____
 Sweater Colour: Home _____ Away: _____

Signatures are *NOT* to be entered until official registration at the TOURNAMENT.

Sweater #	PLAYER'S NAME (Please Print) (Last Name, first name, initial)	POSITION	SIGNATURE
POSITION	PLEASE PRINT	SIGNATURE	
COACH			
TRAINER			
MANAGER			
ASST. COACH			
ASST. COACH / ASST. TRAINER			