Baltimore Icedogs Hockey Club

P.O. Box 195, Baltimore, Ont., K0K 1C0
(Phone) 905-372-5662 x6

TOURNAMENT APPLICATION
WINTER WINDUP LL/HL TOURNAMENT

Center: _____ (ie. Baltimore Minor Hockey)
OMHA / USA Category: _____ (ie. Local , House League etc)
Division / Age Group: _____ (ie. Novice etc)
Home Jersey Colour: _____
Away Jersey Colour: _____

PLAYER'S NAME(Please Print) (Last Name, First Name, Intital)	JERSEY #	POSITION

COACHING STAFF	NAME (Please Print)	Phone Number
Head Coach		
Trainer		
Manager		
Asst. Coach		
Asst. Coach / Trainer		

PRIMARY TEAM CONTACT

Name: _____
Address: _____
City / Postal Code: _____
Home Phone: _____
Cell Phone: _____
Fax Number: _____
E-mail _____
Confirmed Hotel Name / Location: _____