



Kevin Wrobel Memorial Tournament

January 15th-17th, 2016

TEAM REGISTRATION

****Please print clearly****

Division: (please check one) Atom_____ Peewee_____

OMHA Centre Classification:_____

TEAM NAME:_____

TEAM COLOURS: Home_____ Away:_____

Bench Staff	Name (Print)	Email	Phone
Head Coach			
Assistant Coach			
Trainer			
Asst Coach/Trainer			
Manager			

Authorized Team Representative Signature:_____

Date:_____

Payment and OMHA approved roster must be mailed with registration. Cheques may be post-dated for January 1st. Please make cheques payable to West Lorne Minor Hockey and mail to:

**WLMHA
c/o Karen Booth
9981 Graham Rd
West Lorne, ON
N0L2P0**