



**Tournament Application Form
Wilson Chevrolet Buick GMC Challenge Cup
Pee Wee Rep & Pee Wee House League**

For more information, please contact Trevor Desrosiers 705-650-1304
Or Billie Richer: tsmhatournaments@outlook.com
Email or mail registration to TSMHA, Box 1423, New Liskeard ON, P0J 1P0

Center and Team Information

Team Name: _____
Name of Association: _____
Name of City or Town: _____
Sweater Colours: Home: _____ Away: _____
Governing Body: NOHA ___ OWHA ___ Other (please specify): _____

League:	Website:	Record: W _____ L _____
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Contact Information (please print):

Manager Name:	Coach Name:
Address:	Address:
City/Town:	City/Town:
Postal:	Postal:
Home Phone:	Home Phone:
Business Phone:	Business Phone:
Cell Phone:	Cell Phone:
Fax:	Fax:
Email:	Email:

Division (please check one):

Tyke/Initiation _____ Novice _____ Atom _____ Pee Wee _____ Bantam _____ Midget _____
Girls _____

Category (please check one):

AA _____ A _____ HL/Rec _____ B _____ C _____ D _____ OMHA: _____ Other: _____

By signing this entry form, the Team Manager, on behalf of his/her team, releases the sponsors of the above tournament, its officials, arena management, Temiskaming Shores Minor Hockey Association and all concerned with the tournament from liability for any injury or accident which maybe incurred by any player or team official while participating in the tournament or while traveling to or from the tournament.

Manager/Coach Signature: _____ Date: _____

**Wilson Chevrolet Buick GMC Challenge Cup
 Player Roster Registration Form (Please Print)**

Team Name: _____

Sweater #	Player's Name	Position	Birthdate	HC Player's CERT #

Coaching Staff	Name	HC Cert#
Coach		
A/Coach		
A/Coach		
Trainer		
Manager		

