MEDICINE HAT RINGETTE ASSOCIATION

Mail to: P.O. Box 1124, Medicine Hat, AB T1A 7H3
Phone/ (403) 527-9058 www.mhringette.com

2009 Tournament Application

☐ January 9-11 ☐ February 13-15

Team Name _____ Division_____

Team Contact _____Phone No_____

Fax _____ **Email** _____

Jersey Color_____ Alternate Color _____

TEAM ROSTER

Jersey Number Main	Alternate	First Name	Last Name	DOB Month/Day/Year

(G) Goalie (AG) Alternate Goalie (C) Captain (A) Assistant Captain

Coach_____ Assistant Coach _____

Assistant Coach _____Manager _____

Referee Travelling with Team

Name _____ Phone # _____ Level _____