MEDICINE HAT RINGETTE ASSOCIATION

Mail to: 20 Turner Crt SE Medicine Hat, AB T1B 4G5
www.mhringette.com

2010 Tournament Application

☐ January 8-10 ☐ February 12-14

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 _____