32ND SAINT-LAURENT RINGUETTE TOURNAMENT
NOVEMBER 7 TO 13, 2016
TEAM REGISTRATION FORM

Association			
Team Name			
Category		**Level**	
Jersey Colour		**Away Colour**	
Contact Person			
Full Address			
E-mail			
Telephone		**Cell**	

List of Players in alphabetical order			
Jersey # 1st choice	**Jersey # 2nd choice**	**Last Name**	**First Name**

List of Team Officials			
	Name	**E-mail**	**Cell**
Coach			
Assistant			
Assistant			
Manager			

For those teams staying at a hotel, please indicate the name of the hotel in the event that we would need to contact you during the tournament.

Name of hotel	
Telephone	

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