



Nelson Minor Hockey Association

Tournament Registration Form

Tournament Applied For:	<input type="text"/>
Tournament Date:	<input type="text"/>
Association Name:	<input type="text"/>
Association Address:	<input type="text"/>
City:	<input type="text"/>
Province / State:	<input type="text"/>
Postal / Zip Code:	<input type="text"/>

Divisional Director Name:	Phone Number:	Fax Number:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email Address:

Team Name:

Team Level: **House** **Rep**

Team Colors:

Coach's Name:	Phone Number:	Email Address:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Manager's Name:	Phone Number:	Email Address:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Amount of Cheque Enclosed: \$ _____

Final acceptance into a tournament will be determined by the Tournament Chair and any teams not accepted will have their cheques returned.

We request that all tournament fees, applications and rosters be submitted at least 30 days in advance of the tournament that your team would like to attend.

PLEASE SEND REGISTRATION FORM COMPLETE WITH CHEQUE AND TEAM ROSTER TO:

**Nelson Minor Hockey Association
PO Box 766
Nelson B.C. V1L-5R4**

Fax (250) 359-2970

Please Email the Tournament Director: Andrew Carr at tournaments@nelsonmha.ca

Website: www.nelsonmha.ca