

Cappy Cup Pond Hockey Tournament Registration Form

22/02/25

Please complete the shaded fields

Team Name:

Jersey Colour:

**** PLAYERS MUST BE 19 OR OLDER TO PARTICIPATE ****

Last Name	First Name

Team Manager:	
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Contacts

	Primary Contact	Alternate Contact
Name		
Address		
Phone		
Cell		
Other		
Email		

I hereby declare that the above information is correct and that our hockey club will not hold the tournament organizers responsible for any injuries or personal losses.

Team Representative Signature:	
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Registration Fee **due Jan. 31st:**

\$200.00